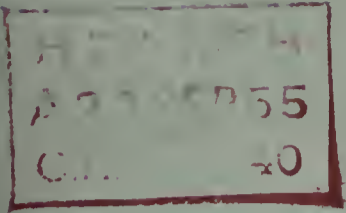


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ANNUAL REPORT

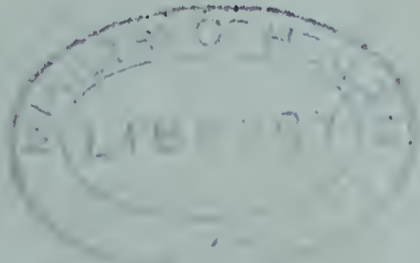
ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

For the year 1954.



LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Medical Officer of Health.



ANNUAL REPORT

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HEALTH


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Medical Officer of Health.



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PRINCIPAL CONTENTS.

| | Page |
|---|------|
| PUBLIC HEALTH STAFF | 6 |
| GENERAL STATISTICS | 8 |
| VITAL STATISTICS | 17 |
| ACUTE RHEUMATISM | 40 |
| MATERNITY AND CHILD WELFARE (CARE OF MOTHERS AND YOUNG CHILDREN) | 41 |
| REVIEW OF MATERNITY SERVICES | 65 |
| REVIEW OF PROBLEM FAMILIES | 71 |
| DENTAL SERVICES | 74 |
| MIDWIFERY | 76 |
| HEALTH VISITING | 83 |
| HOME NURSING | 89 |
| DOMESTIC HELP | 105 |
| VACCINATION AND IMMUNISATION | 106 |
| B.C.G. VACCINATION OF SCHOOL CHILDREN | 110 |
| AMBULANCE SERVICES | 112 |
| WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS | 114 |
| WELFARE SERVICES FOR HANDICAPPED PERSONS OTHER THAN THE BLIND OR PARTIALLY SIGHTED | 123 |
| PREVENTION OF ILLNESS, CARE AND AFTER-CARE | 144 |
| MENTAL HEALTH SERVICE | 152 |
| REVIEW OF DISCHARGE OF ELDERLY PATIENTS FROM MENTAL HOSPITALS | 158 |
| SANITARY ADMINISTRATION | 162 |
| HOUSING | 175 |
| FOOD AND DRUGS | 180 |
| MEAT INSPECTION | 188 |
| HEALTH EDUCATION | 191 |
| METEOROLOGY | 192 |

CITY OF SHEFFIELD.

HEALTH COMMITTEE

as at 31st December, 1954.

THE LORD MAYOR :

(ALDERMAN J. H. BINGHAM, LL.D., J.P.)

Chairman : ALDERMAN W. E. YORKE, C.B.E., F.R.San.I., J.P.*Deputy-Chairman* : COUNCILLOR J. S. WORRALL, J.P.

| | |
|------------------------------------|------------------------------|
| Alderman E. S. GRAHAM, LL.D., J.P. | Councillor J. W. MATE. |
| „ H. SLACK. | „ Miss J. MELLORS. |
| „ Mrs. G. TEBBUTT, J.P. | „ W. MORRISON. |
| Councillor G. ARMITAGE. | „ H. OLIVER. |
| „ R. B. ASHMORE. | „ D. J. O'NEILL, J.P. |
| „ G. T. BUTTERY. | „ J. PATE. |
| „ H. S. GENT. | „ E. SCOTT. |
| „ Mrs. A. IVES, J.P. | „ J. SHAW. |
| „ Mrs. M. M. JOWETT, B.A. | „ Mrs. P. SHEARD, B.A., J.P. |
| „ H. LAMBERT. | |

SUB-COMMITTEES.**General Sub-Committee.***Chairman* : Alderman W. E. YORKE.

| | |
|---------------------------|------------------------|
| Alderman E. S. GRAHAM. | Councillor J. W. MATE. |
| Councillor G. T. BUTTERY. | „ D. J. O'NEILL. |
| „ H. S. GENT. | „ E. SCOTT. |
| „ Mrs. A. IVES. | „ Mrs. P. SHEARD. |
| „ Mrs. M. M. JOWETT. | „ J. S. WORRALL. |

Maternal, Infant and Nursing Welfare Sub-Committee.*Chairman* : Councillor Mrs. A. IVES.

| | |
|---------------------------|-----------------------------|
| Alderman Mrs. G. TEBBUTT. | Councillor Miss J. MELLORS. |
| Councillor R. B. ASHMORE. | „ W. MORRISON. |
| „ H. S. GENT. | „ J. SHAW. |
| „ Mrs. M. M. JOWETT. | „ Mrs. P. SHEARD. |
| „ J. W. MATE. | |

Mental Health Sub-Committee.*Chairman* : Councillor J. SHAW.

| | |
|-------------------------|-------------------------|
| Councillor G. ARMITAGE. | Councillor W. MORRISON. |
| „ H. S. GENT. | „ H. OLIVER. |
| „ Mrs. A. IVES. | „ J. PATE. |
| „ Mrs. M. M. JOWETT. | „ J. S. WORRALL. |

Disabled Persons Welfare Sub-Committee.*Chairman* : Councillor E. SCOTT.

| | |
|---------------------------|---------------------------|
| Alderman E. S. GRAHAM. | Councillor D. J. O'NEILL. |
| „ Mrs. G. TEBBUTT. | „ H. OLIVER. |
| Councillor G. T. BUTTERY. | „ J. SHAW. |
| „ J. W. MATE. | „ J. S. WORRALL. |
| „ Miss J. MELLORS. | |

Special, Staffing, etc., Sub-Committee.*Chairman* : Alderman W. E. YORKE.

| | |
|------------------------|--------------------------|
| Alderman H. SLACK. | Councillor Mrs. A. IVES. |
| „ Mrs. G. TEBBUTT. | „ D. J. O'NEILL. |
| Councillor H. S. GENT. | „ J. S. WORRALL. |

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Blind Department and Royal Sheffield Institution.

Alderman E. S. GRAHAM.

Councillor J. S. WORRALL.

Councillor E. SCOTT.

General Council of the North Regional Association for the Blind.

Alderman H. SLACK.

Councillor E. SCOTT.

General Council of the North Regional Association for the Deaf.

Councillor R. B. ASHMORE.

Councillor E. SCOTT.

North Eastern Federation of Members of the Queen's Institute of District Nursing.

Councillor H. S. GENT.

Councillor J. S. WORRALL.

„ Mrs. A. IVES.

Placement Committee of the Sheffield Association in Aid of the Adult Deaf and Dumb.

Councillor E. SCOTT.

Sheffield and District Convalescent and Hospital Services Council (Inc.).

Councillor R. B. ASHMORE.

Councillor J. S. WORRALL.

„ Mrs. A. IVES.

Sheffield Standing Committee on Juvenile Delinquency.

Councillor J. SHAW.

Sheffield Voluntary Association for Mental Health.

Councillor J. SHAW.

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES.

National Health Service Act, 1946 :—

Executive Council for the City of Sheffield.

Alderman C. W. GASCOIGNE.

Councillor H. S. GENT.

„ H. SLACK.

„ H. LAMBERT.

„ Mrs. G. TEBBUTT.

„ Mrs. P. SHEARD.

Councillor W. DAWSON.

„ J. H. SKELTON.

Sheffield Regional Hospital Board.

Councillor J. S. WORRALL.

Sheffield Hospital Management Committee No. 1.

Alderman A. E. HOBSON.

Councillor J. W. MATE.

„ Mrs. P. SHEARD.

Sheffield Hospital Management Committee No. 2.

Councillor Mrs. A. IVES.

Mrs. O. H. MAPLES, M.B.E.

Sheffield Hospital Management Committee No. 3.

Councillor Mrs. L. E. GRAHAM.

Councillor J. S. WORRALL.

Sheffield Hospital Management Committee No. 4.

Alderman H. SLACK.

PUBLIC HEALTH STAFF

AT 1st APRIL, 1955.

MEDICAL STAFF.

Medical Officer of Health :

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health :

P. G. ROADS, M.D., D.P.H.

Maternity and Child Welfare—

| | |
|--|---|
| <i>Senior Assistant M. and C. W. Medical Officer</i> | ANN KIRK BLACK, M.B., Ch.B. |
| <i>Assistant M. and C. W. Medical Officers</i> | CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H. |
| | ZOFIA SZARNAGIEL, M.B., Ch.B. |
| | J. A. G. WATSON, M.B., B.S. |
| | KAZIMIERA H. TLUSTY, M.D., D.C.H. |
| | AILEEN P. M. DRING, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., D.R.C.O.G. |
| (Part-time) | J. BLYTH, M.D. (Edin.). |
| | R. D. DOWNIE, M.B., Ch.B. |
| | M. H. TURNER, M.B., Ch.B. |
| | BARBARA S. GORDON, M.B., Ch.B. |
| | PAMELA LAWS, M.R.C.S., L.R.C.P. |
| | MARJORIE H. E. FLOWERDAY, M.B., Ch.B., D.R.C.O.G. |
| | RAY GRAHAM, B.A., M.B., B.Ch., B.A.O., L.M. |
| | SHELAGH TYRRELL, M.B., Ch.B., D.O.H. |
| | JEAN A. PETTIGREW, M.R.C.S., L.R.C.P. |
| | JEAN CLEGHORN, M.B., Ch.B., D.R.C.O.G., |
| | KATHLEEN M. HAWKINS, M.B., Ch.B. |
| | HAIDRI L. HALL, M.B., Ch.B. |
| | ELIZABETH KNOWLES, M.B., Ch.B. |
| *Honorary Consultant Obstetrician | W. J. CLANCY, M.B., B.Ch., B.A.O., M.R.C.O.G. |
| *Orthopaedic Specialist (Honorary) | E. G. HERZOG, M.B., B.S., M.R.C.S., L.R.C.P. |
| *Honorary Consultant in Pediatrics | R. S. ILLINGWORTH, M.D., F.R.C.P., D.P.H., D.C.H. Professor in Child Health at Sheffield University. |

Mental Health Service—

| | |
|-----------------------|---|
| *Honorary Consultant- | F. J. S. ESHER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M., F.B.Ps.S. |
| Consultant (Visiting) | DOROTHY JOHNSTON, M.B., Ch.B. |

Prevention of Illness, Care and After-Care—

| | |
|---|---|
| <i>Senior Assistant Medical Officer</i> | JEAN B. PARKER, M.B., Ch.B. |
| *Consultant (Tuberculosis) | H. MIDGLEY TURNER, M.D., M.R.C.P., D.P.H. |

*Undertakes part-time duties in this Service in a consultant capacity.

| | |
|------------------------------|----------------------------|
| <i>City Analyst</i> | H. CHILDS, B.Sc., F.R.I.C. |
| <i>Senior Dental Surgeon</i> | E. COPESTAKE, L.D.S. |

OTHER STAFF.

General Administration—

| | |
|--|------------------|
| <i>Chief Administrative Assistant</i> | W. MORRIS |
| <i>Senior Administrative Assistant</i> | S. F. BURGIN |
| <i>Senior Accountancy Assistant</i> | E. WALSHAW |
| <i>Senior Statistical Assistant</i> | F. GARFITT |
| <i>Senior Staff Assistant</i> | L. DARLEY |
| <i>Statistical Assistant</i> | J. PREECE |
| <i>Correspondence Clerk and M.O.H.'s Secretary</i> | Miss H. A. CUTTS |

5 Senior Clerical Assistants, 8 Clerical Assistants, 3 Shorthand Typists, 8 Pupil Sanitary Inspectors.

Sanitary Administration—

| | |
|--|---------------|
| <i>Senior Administrative Assistant</i> | R. P. HARPHAM |
| <i>Senior Clerical Assistant</i> | J. R. BINGHAM |

2 Senior Clerical Assistants, 1 Clerical Assistant, 1 Senior Shorthand Typist, 3 Shorthand Typists.

General Sanitary Inspection—

| | | |
|---|------------------|---------------|
| <i>Superintendent Sanitary Inspectors</i> | C. F. CHALLENGER | W. CURTIS |
| | H. B. WARD | F. T. TWELVES |
| | G. ROBINSON | |
| <i>Assistant Superintendent Sanitary Inspectors</i> | F. M. COCKCROFT | J. D. BELL |
| | S. CURTIS | F. BAINBRIDGE |
| | J. W. BOULTON | |

13 District Sanitary Inspectors, and 6 Pupil Sanitary Inspectors.

Disinfection, Disinfestation, Transport of Stores, etc.—

| | |
|---|------------|
| <i>Superintendent</i> | J. SISSONS |
| Assistant Superintendent and 21 General Assistants. | |

Food Inspection—

| | |
|--|---------------|
| <i>Superintendent Food and Drugs Inspector</i> | G. A. KNOWLES |
| <i>Assistant Superintendent Food and Drugs Inspector</i> | R. MOORE |

3 Food and Drugs Inspectors.

Meat Inspection—

Superintendent Meat Inspector — — — — — G. WHITELEY
Assistant Superintendent Meat Inspector — — — — — C. F. DEAN

3 Meat Detention Officers, 2 Sanitary Inspectors (Abattoir), 1 Clerical Assistant and 1 General Assistant (part-time).

Smoke Inspection—

Superintendent Smoke Inspector — — — — — J. W. BATEY
Assistant Superintendent Smoke Inspector — — — — — H. STENTON

1 Smoke Inspector.

Rodent Control—

Rodent Officer — — — — — M. BEEVOR

10 Rodent Operatives, 3 Labourers.

Maternity and Child Welfare (Care of Mothers and Young Children)—**Health Visiting—****Midwifery—**

Chief Administrative Assistant — — — — — Miss E. A. MARTIN
Chief Clerk — — — — — Miss D. LEIGHTON

4 Senior Clerical Assistants, 26 Clerical Assistants, 3 Clerical Assistants (part-time), 1 Shorthand Typist, 2 Shorthand Typist Trainees, 25 General Staff.

Superintendent Health Visitor — — — — — Miss I. LITTLEWOOD
Assistant Superintendent Health Visitor — — — — — Mrs. N. HUTHWAITE.
Superintendents of Infant Welfare Centres — Miss D. A. COOLING Miss O. B. DE NEUMANN

35 Health Visitors, 2 Student Health Visitors, 4 Clinic Nurses, 11 Clinic Attendants.

Non-Medical Supervisor of Midwives — — — — — Miss M. J. YATES

48 Midwives directly employed by City Council (including 2 part-time).

2 Midwives employed under arrangements with the Jessop Hospital for Women.

1 District Nurse Midwife.

Nurseries—

Supervisory Matron and Matron, Beet Street Nursery — — — — Mrs. G. M. HAWLEY

Matrons of Nurseries :

Carbrook — — Mrs. A. BARTON Firth Park — — Mrs. M. E. OLLERENSHAW
 Cradock Road — — Mrs. J. WRAGG Langsett Road — — Mrs. E. D. BROWN
 Darnall — — Miss K. E. BENNETT Meersbrook Park — — Mrs. E. A. FEARN

2 Deputy Matrons, 34 Staff Nursery Nurses, Enrolled Assistant Nurses, Nursery Assistants and Nursery Students. 23 Domestic Staff.

Mother and Baby Home—

Matron — — — — — Miss M. L. HODGES

Assistant Matron, 2 Domestic and other staff (part-time).

Domestic Help Service—

Organiser — — — — — Miss D. J. PARKER

1 Senior Clerical Assistant, 3 Clerical Assistants, 1 Shorthand Typist, 97 whole-time and 118 part-time Domestic Helps.

Home Nursing—**Johnson Memorial Home (and associated Homes)—**

Superintendent — — — — — Miss M. A. REEVES
Assistant Superintendents — — — — Miss O. USHER Miss N. PLANT

20 District Nurses, 7 Student District Nurses, 29 District Nurses (part-time), 1 part-time Assistant, 4 Domestic and other staff, 5 Domestic and other staff (part-time).

Princess Mary Home—

Superintendent — — — — — Miss M. TATE
Assistant Superintendent — — — — — Miss B. M. WALKER

8 District Nurses, 16 District Nurses (part-time), 2 Student District Nurses, 2 Domestic and other staff, 4 Domestic and other staff (part-time).

Vaccination and Immunisation—

Officer in Charge — — — — — A. MOBLEY

2 Clerical Assistants.

Ambulance Services—

Ambulance Officer — — — — — E. H. MEDLEY

Assistant Ambulance Officer — — — — — F. C. KELSEY

11 Clerical Assistants, 1 Head Ambulance Driver, 5 Shift Leaders, 43 Drivers, 24 Attendants, 6 Garage Staff, 1 Domestic and other staff, 1 Domestic and other staff (part-time).

Care and After-Care Service—Welfare of other Handicapped Persons—

Senior Administrative Assistant — — — — — F. McWATT

2 Clerical Assistants.

Co-ordinating Officer — — — — — W. WOOD

1 Occupational Therapist.

Mental Health Service—

Administrative Officer — — — — — G. E. B. WHILLOCK

Psychiatric Social Worker — — — — — Miss E. V. JONES

1 Senior Clerical Assistant, 3 Shorthand Typists, 1 Shorthand Typist Trainee, 3 Duly Authorised Officers, 5 Assistant Duly Authorised Officers, 3 Mental Health Visitors.

The Towers' Occupation Centre—

Superintendent — — — — — V. H. BAKER

1 Deputy Superintendent, 1 Assistant Superintendent, 6 Supervisors, 3 Domestic and other staff.

Pitsmoor Road Occupation Centre—

Superintendent — — — — — Mrs. C. WILDE

2 Supervisors, 1 Assistant Supervisor (qualified), 5 Assistant Supervisors (unqualified), 2 Domestic and other staff.

Welfare of the Blind Service—

Superintendent — — — — — A. J. BAKER

Head Clerk — — — — — Miss E. E. CLARK

2 Senior and 4 other Clerical Assistants, 3 Shorthand Typists, 8 Home Teachers, 89 Workshops (including Salesshop) Staff (including 75 blind persons), 4 Domestic and other staff, 5 Domestic and other staff (part-time).

GENERAL STATISTICS

| | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|---------|------------|
| AREA (at 31st December, 1954) | .. | .. | .. | .. | .. | .. | .. | .. | (acres) | 39,598 |
| POPULATION—Census 1951 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 512,850 |
| Estimate of Registrar General—Home population year 1954 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 503,400 |
| APPROXIMATE NUMBER OF HOUSES (at 31st December, 1954) | .. | .. | .. | .. | .. | .. | .. | .. | .. | 156,614 |
| RATEABLE VALUE (1st October, 1954) | .. | .. | .. | .. | .. | .. | .. | .. | .. | £8,571,704 |
| SUM REPRESENTED BY A PENNY RATE (Year 1954-55) | .. | .. | .. | .. | .. | .. | .. | .. | .. | £14,491 |

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1954.

| | | | | Total. | Males. | Females. | | |
|----------------------------|----|----|----|--------|--------|----------|---|------|
| LIVE BIRTHS— | | | | | | | | |
| Legitimate | .. | .. | .. | 6,634 | 3,413 | 3,221 | } Birth Rate per 1,000 of population | 13·6 |
| Illegitimate | .. | .. | .. | 233 | 116 | 117 | | |
| Totals | .. | .. | .. | 6,867 | 3,529 | 3,338 | | |
| STILLBIRTHS | .. | .. | .. | 170 | 86 | 84 | Rate per 1,000 total (live and still) births | 24 |
| DEATHS (All Causes) | .. | .. | .. | 5,821 | 3,166 | 2,655 | Death Rate per 1,000 of population | 11·6 |

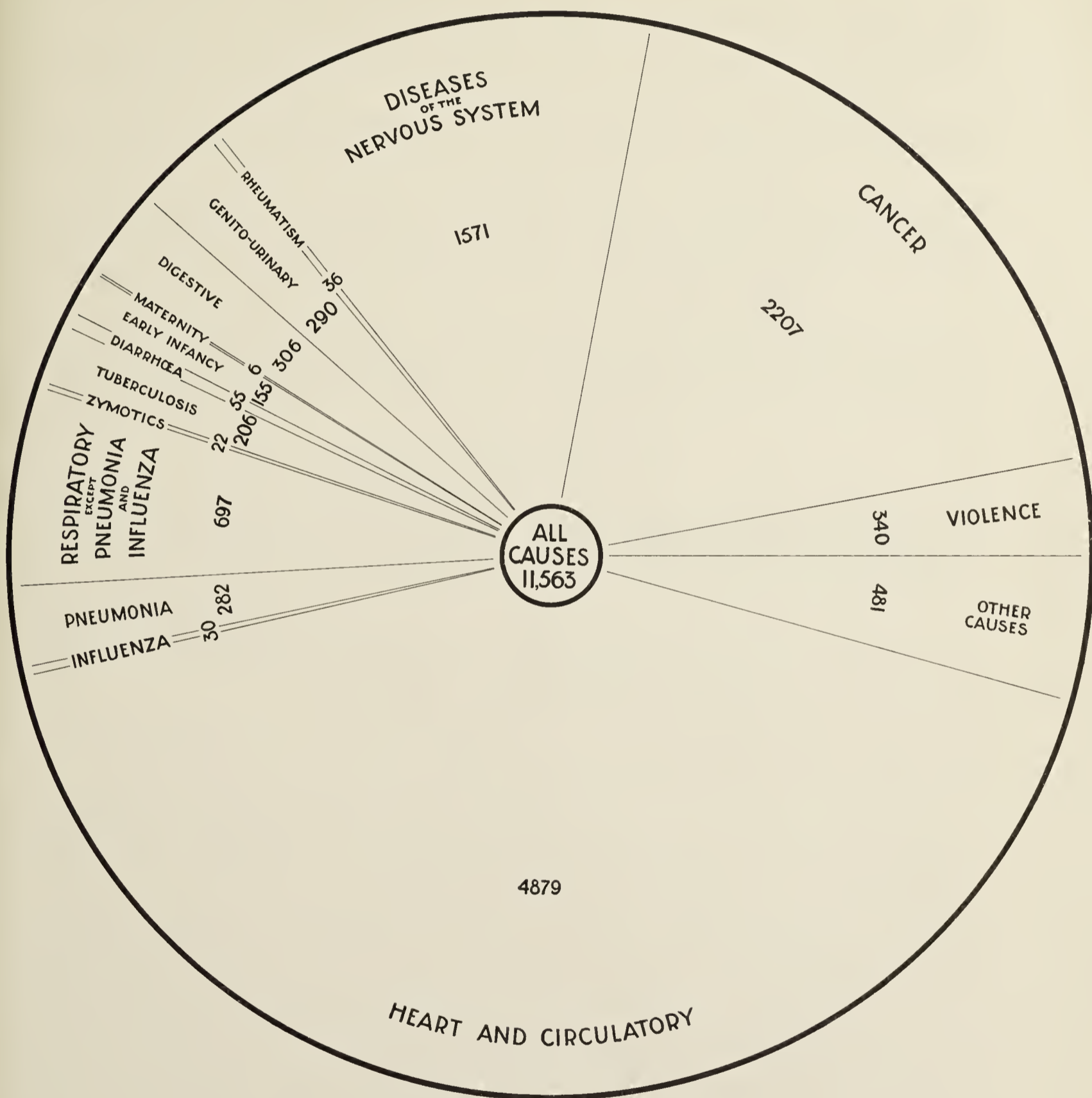
DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

| | | | | | | | | | |
|----------------------|----|----|----|----|--------|----|-----|--|----|
| All Infants | .. | .. | .. | .. | Deaths | .. | 164 | Rate per 1,000 live births | 24 |
| Legitimate Infants | .. | .. | .. | .. | Deaths | .. | 157 | Rate per 1,000 legitimate live births | 24 |
| Illegitimate Infants | .. | .. | .. | .. | Deaths | .. | 7 | Rate per 1,000 illegitimate live births | 30 |

DEATHS FROM CERTAIN CAUSES—

| | | | | | | | | | |
|------------------------------------|----|----|----|----|--------|----|-------|--|------|
| Puerperal Sepsis | .. | .. | .. | .. | Deaths | .. | 2 | } Rate per 1,000 total (live and still) births | 0·28 |
| Other Maternal Mortality | .. | .. | .. | .. | Deaths | .. | 1 | | 0·14 |
| Total Maternal Mortality | .. | .. | .. | .. | Deaths | .. | 3 | | 0·43 |
| Tuberculosis of Respiratory System | .. | .. | .. | .. | Deaths | .. | 90 | } Rate per 1,000 of population | 0·18 |
| Other forms of Tuberculosis | .. | .. | .. | .. | Deaths | .. | 14 | | 0·03 |
| Cancer | .. | .. | .. | .. | Deaths | .. | 1,111 | Rate per 1,000 of population | 2·21 |

CITY OF SHEFFIELD
 DEATH RATES PER
 MILLION OF THE POPULATION
 1954



CITY OF SHEFFIELD.

“Let the health go round—let it flow this way.”—~~Timon~~ Timon of Athens.

Public Health Department,
Town Hall Chambers.
September, 1955.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health of the City of Sheffield for the year 1954.

The birth rate of the City was 13·6 per 1,000 in 1954. It was appreciably below the England and Wales rate of 15·2 per 1,000, and was the lowest rate ever recorded in the City.

The general death rate was 11·6 per 1,000, which was a little below the rate of 11·9 in 1953 but was higher than the England and Wales death rate of 11·3 per 1,000.

It is gratifying to be able to state that the 1954 infant mortality rate was the lowest ever recorded in the City. It was 24 per 1,000 live births, as compared with an England and Wales rate of 25·5 per 1,000. Deaths of infants in the first four weeks of life in the City gave a neonatal mortality rate of 16 per 1,000 births, a slight decrease from the previous year.

The following statement gives a comparison between causes of deaths in the City of infants under one year of age in 1953 and 1954. There were increases in very few causes during the year, but the number of deaths from Pneumonia and Immaturity (unqualified) was considerably reduced.

Deaths of infants under 1 year.
Comparison of 1954 with 1953.

| Deaths in 1954 compared with 1953, showing amount of increase from certain causes | Deaths in 1954 compared with 1953, showing amount of decrease from certain causes |
|--|--|
| Whooping Cough 2 | Pneumonia 6 |
| Meningococcal Infections 2 | Congenital Malformations 3 |
| Post-natal Asphyxia and Atelectasis .. 6 | Bronchitis 2 |
| | Immaturity (unqualified) 11 |
| Total Deaths, 1954 164 | Total Deaths, 1953 181 |

The 1954 maternal mortality rate was only slightly above the record low rate of 0·41 per 1,000 in 1951. There were three maternal deaths during the year, giving a rate of 0·43 per 1,000 total (live and still) births. This compares with an England and Wales rate of 0·58 per 1,000.

Sickness incidence and mortality amongst the notifiable diseases remained, with a few exceptions, very low in 1954. There were no cases of Diphtheria during the year and for the sixth successive year there were no deaths from this disease. Cases of Scarlet Fever showed a decrease from the previous year and there were no deaths. There was a considerable decrease in cases of Whooping Cough but the death rate was higher than in 1953. The number of cases of Measles was exceptionally low, and there were no deaths. A reduction was again recorded in the incidence of Acute Poliomyelitis during the year, and the number of cases was below the average of recent years. There was a considerable increase in the number of Dysentery cases, but the form of the disease was mild.

The death rate for Enteritis and Diarrhoea (in infants) showed a slight increase over the 1953 rate, but was well below the average of the previous five years.

It will be recalled that reference was made in previous Reports to the selection of Sheffield as one of the areas for a trial period of notification of Acute Rheumatism occurring amongst children under sixteen years of age. The second three-year trial period ended on 1st October,

1953, but at the request of the Ministry of Health it was agreed that it should be extended for a further three years from the 15th January, 1954. A separate report on the cases notified during 1954 is included in this Annual Report.

This is the ninth successive year in which the death rate (0·179) from Tuberculosis of the Respiratory System has decreased, the 1954 death rate being the lowest which has ever been recorded in the City. The death rate from Other Forms of Tuberculosis (0·028) was, however, slightly higher than the previous year's record low rate.

The records of Vaccination for the year 1954 show that there was an increase of 55 in the number of children vaccinated compared with the previous year, although the total was still less than half the number vaccinated in 1947. As regards Diphtheria Immunisation during 1954, 6,092 children under fifteen years of age were immunised, which was lower than in the previous year, and was also considerably below the total of 9,541 in the year 1947. It is noteworthy that, although 588 children were immunised in the years 1937 to 1940, since that time, and until the end of 1954, a total of 149,513 persons (practically all of them children under 15 years of age) have completed a course of Diphtheria Immunisation. In addition, 45,525 children in the age group : five and under fifteen years, received a reinforcing injection during the period May, 1944 to 31st December, 1954. It is a matter of concern that there has been a growing apathy towards the prevention of both Smallpox and Diphtheria. Compulsion in matters of this kind is repugnant ; nevertheless, parents have responsibilities both towards the care of their own children and towards the prevention of spread of infection to their neighbours.

The Ambulance Services have continued to meet all the demands made upon them and, during 1954, carried almost 137,000 patients, with an aggregate running distance of over 548,000 miles, in other words, an average of 375 patients per day, and an average daily mileage of 1,502.

Steps were again taken to increase the complement of domestic helps in 1954, and at the end of the year, this staff numbered 190, of whom 97 were employed whole-time and 93 part-time. There is an increasing demand upon this service, which has proved a boon in providing help in the household when there have been confinements or illness or in cases of old age or infirmity, if help has not been available from any other source. The services of domestic helps were made available during the year in 227 cases of confinements and 1,642 other cases.

Information will be found in this Report regarding the Mental Health Service which is administered by the Health Committee. Broadly speaking, these duties relate on the mental deficiency side to : the ascertainment of mental defectives, the care of defectives in their own homes and the provision of facilities for training and occupation. There were 1,248 mental defectives on the register at the end of the year 1954. As regards mental illness, the Duly Authorised Officers visit the home of any person who is notified as suffering from mental illness and, as soon as possible, make all necessary arrangements for the proper care of the patient, either for his admission to the mental observation section of Fir Vale Infirmary or to a mental hospital or otherwise. 639 patients were dealt with under these arrangements during 1954. The Psychiatric Social Worker continued to carry out community care amongst neurotic patients. The work involves the building-up of relationships with the patients, relatives, doctors, employers, officials, etc., and as this service develops it is making a contribution towards the saving of hospital beds and in assisting early cases of mental illness.

A part of this Annual Report is devoted to the services for the welfare of the blind, partially blind and other handicapped persons ; these services, as co-ordinated under the provisions of the National Assistance Act, 1948, are administered by the Health Committee.

During the year, the staff of sanitary inspectors, amongst their duties, made more than 40,414 visits to, and inspections of, dwellinghouses under the Public Health Act, 1936, for the investigation and abatement of nuisances. Particulars of these visits and of the general work of the sanitary inspectors, including their work in connection with Housing, appear in this Report.

The smoke inspectors continued their observations of the emission of smoke and the records for 1954 show that the average of the minutes of visible smoke emitted per half-hour observation was 1·3 minutes. This average was slightly lower than that of the previous year and was also lower than in the pre-war year of 1938, when the average emission was 1·4 minutes per half-hour.

Food inspectors made almost 8,600 visits to markets, railways and wholesale food stores during the year, more than 1,200 visits to retail food shops and nearly 600 visits to horseflesh shops with the object of supervising the preparation of foodstuffs and the conditions under which they are handled and sold.

The daily average consumption of milk in Sheffield during the year was 43,878 gallons, which represents a consumption of 0·70 pints per head of the population. The food and drugs inspectors took, for analysis under the Food and Drugs Act, 1938, 1,001 samples of milk and other foods, of which 26, representing 2·60 per cent., proved to be adulterated. This compares with an adulteration rate of 4·98 per cent. for 1953.

There were 231,769 animals slaughtered at the Corporation Abattoir during the year and 4,677 at the two private slaughterhouses in the City. All the animals were examined by the meat inspectors and there were 34,243 animals of which either the whole or part of the carcass or some organ was found to be unfit for food.

During 1954, 449 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department ; of this number, seven failed to pass the examination.

A total of 2,827 cremations was carried out during the year at the City Road Crematorium and in each case the documents were examined by the Medical Officer of Health or the Deputy Medical Officer of Health, who are accepted Referees for this purpose.

I would like to draw the Committee's attention to the following matters that have been the subject of special enquiry or investigation.

While the Infant Mortality Rate has shown a continuous decline, the reduction has been uneven ; the maximum improvement has occurred in the age groups from one month to one year. Our success has been relatively poor in the age group under one month (neonatal deaths), nor have we been so successful in reducing the toll of stillbirths. As our ante-natal and natal care improves (and this involves both the mother and the unborn child), so we tend to have delivered a greater number of feeble children, which in the past would not have survived the hazards of the birth. Stillbirths are children who failed to be born alive ; neonatal deaths are children who survived birth but have not been able to adjust themselves to a separate existence. There is, therefore, good reason for considering neonatal deaths and stillbirths together.

*Stillbirths and
Infant
Mortality.*

A series of graphs and diagrams has been produced, and will be found opposite page 40. Graph No. 1 illustrates the above for, whereas the infant mortality rate (under 1 year) has fallen consistently and considerably over the past 17 years, the rates for stillbirths and for deaths under 1 week have fallen to a much smaller degree and have indeed shown a slight tendency to rise over the past three years.

Graph No. 2 shows (i) the trend of the perinatal death rate (combined stillbirths and neonatal deaths) and (ii) that for deaths between 1 week and 1 year over the past 17 years, and illustrates the consistent fall in the death rate of children who died between 1 week and 1 year compared with the much smaller fall in the perinatal rate during the same period.

We have also produced Diagram No. 3, which shows how the various causes of infant mortality have affected the total infant death rate over the last 50 years.

The diagram shows :—

1. A considerable fall in deaths from infectious diseases (tuberculosis, measles, whooping cough and influenza, pneumonia and bronchitis).
2. A considerable reduction in deaths from diarrhoea and enteritis.
3. A steady decrease in deaths from premature birth.
4. Little change in deaths from congenital malformation.
5. Little change in deaths from violence (see page 84).
6. A considerable fall in deaths from other causes.

We must remember that during the last fifty years there has been a marked fall in the birth rate and there has been the social and economic upheaval associated with two world wars, but on the other hand there has been an unparalleled development in Preventive Medicine and Social Responsibility and in the general level of nutrition. Amongst the causes of death it will be seen that violence has become an increasingly important cause of loss of infant life, and that congenital

abnormalities remain a serious cause of infant mortality, despite the fact that we have been able to counteract the influence of such inherent defects as the Rhesus factor, congenital syphilis and anæmia. There is still need for an enquiry as to whether eugenics can play a part in reducing infant mortality, and this is perhaps primarily a matter of Health Education.

In Graph No. 4 we have shown how the death rates from three important infectious diseases have fallen during the last 50 years—

- (a) Tuberculosis has shown a steady fall throughout the period and, despite two small peaks, which occurred during the two major wars, the decline has been steady.
- (b) Diphtheria showed a sharp decline during the years 1900–1905, and since then there has been a more gradual decline to the present zero level. It is difficult to be certain what was the real effect of the introduction of antitoxin in the years 1900–1910, and later the protection of children by prophylactic doses of immunising agents, because the decline has been steady from the beginning of the century. We tend to forget that, along with specific remedies like antitoxin and prophylactics, there has been an improved nursing service, a better bacteriological service, improved nutrition and a more enlightened public and better medical practice.
- (c) Enteric Fever has shown a steady fall, a reward for improved sanitation, reliable water supplies, improved sewage disposal and cleaner food handling. These long term projects pay a steady dividend.

*Maternal
Mortality.*

Diagram No. 5 shows how the fall in the maternal mortality has occurred. Whilst the reduction in sepsis, as a cause of maternal deaths, has been dramatic due to the introduction of antibiotics and asepsis, and haemorrhage has declined because of better ante-natal care and a wider use of the transfusion service, there has been only a slight fall in the death rate from toxæmia. It is in the hope of shedding light on problems such as these that we try to analyse the findings of our examination of the women who attended the Maternity and Child Welfare Centres for ante-natal care, as shown in the tables on pages 66 to 70. During the three months from October to December, 1954, an analysis of the results of the examination and care of 920 women who attended our clinics was undertaken. Some left the City before the survey was completed. A perusal of the table on page 67 shows the value of ante-natal work, because the conditions of the mother and child, such as poor nutrition, malpresentation of the child, the presence of serious or possible serious diseases associated with the pregnancy or with the body systems, are much more prevalent than has been believed. It is of interest that the “contraction” of the pelvis was ascertained (for what it was worth) in only one case—this was very common about thirty years ago. It is gratifying that, of 869 mothers dealt with, a total of 641 attended the Mass Miniature Radiography Centre. Each expectant mother in this survey also had the blood group and the Rh. factor investigated.

*Maternity
Services.*

The criterion of ante-natal work is the results of a confinement, and this is reported on page 70. It is proposed to repeat this work on a yearly basis in order to obtain annual comparative figures.

The problem of accommodation for the confinement often causes concern to the mother and to the department, and efforts are made to see that the conditions are satisfactory for a home confinement. The Table on page 70 describes amongst other matters the housing condition of 317 prima gravidæ who were booked for hospital confinements. It is significant that, of this number, 220 were in rooms and only 96 were in their own homes, and even in the case of women expecting their third child the number in rooms equalled the number found in their own houses. This Table also shows the housing condition of cases in the survey who were booked for home confinement. As would be expected, the housing condition of these cases is more favourable than in the case of the hospital booked cases, for the criterion of adequate housing is one that to some extent decides whether the case should be booked to hospital or remain at home. Nevertheless, a not insignificant number of families in this group of up to three or four children are living in rooms. A further enquiry is very desirable, although some families, for various reasons, prefer to live under these circumstances. Yet there must be a great hardship in trying to look after a growing family in rooms.

*B.C.G.
Vaccination
of Pre-school
Children.*

Towards the end of 1954 a scheme was introduced for the B.C.G. vaccination of children prior to leaving school. Although the scheme has been in operation for a short period only, an account of its introduction and the initial results obtained will be found on page 110 of this Report.

It is time to look on the mentally backward child in a different way from the past, for we now know that children cannot easily or equitably be divided into "educable" and "non-educable". About one-third of all the children who have been ascertained as mentally defective and came under our supervision, have become at least able to earn their own livelihood. It is ironical that such a large number of those once considered to be "non-educable" have been able, on their own as it were, to pick up a sufficiently adequate "education" to enable them to become capable of supporting themselves. It would be valuable to find out the traits, either inherent or acquired, that help to make a child independent and to bend our energies to developing them.

*Mental
Deficiency.*

The shortage of beds in institutions is having a serious effect upon the work of the Department. Very frequently the Duly Authorised Officer, who may have the personal responsibility for removing a dangerous patient to hospital, is left without any means of carrying on his work because the patient cannot be accepted as there is no bed available. Persons with suicidal tendencies, or who are seriously ill, are unable to receive the protection that is required and which the duly authorised officer is expected to provide by law. In an effort to find out whether we could help in this matter, a survey as described on page 158 was undertaken. It is obvious that, if these cases are left in hospital for a long time, they accustom themselves to their abode and are incapable of the mental effort of facing the world again. The families likewise become accustomed to the patient being in hospital and, understandably, resent any suggestion that he should return. The importance of preparing for a return from the hospital should be stressed from the very beginning of an illness.

*Mental
Ill-health.*

During our survey of mental defectives it became apparent that many of these persons with a mental defect also suffer from an associated physical defect (page 154). It is very important that a mental defective should be put in as satisfactory a physical state as is possible by correcting vision, dental defects, etc., because the major disability is often so grave that the addition of another handicap may become a catastrophe.

The programme for improving our mental health service is being developed so as to provide as complete and comprehensive a service as our present knowledge permits. During the year, a new Occupation Centre at "The Towers", Sandygate Road, was opened by the Minister of Health, and an account of the work carried out will be found on page 155.

Much work, however, remains to be done on the problem of mental deficiency. Our knowledge of causation, although improved of late years, is very meagre, and as a result our classification is rudimentary. When this vast subject is capable of an analysis similar to that which can be done in the case of, say, heart conditions or blood diseases, then we can expect to make some progress.

The report also shows some of the work that has been done with the disabled. It is difficult but rewarding work; we have little to guide us. It is, however, plain that the disabled do not want technical training, although that is important, as much as a stable attitude and hopeful mental outlook. That outlook must often be corrected before we attempt any physical training. A description is given of the developments that have occurred and those that are projected.

The Disabled.

Although it is usual to talk of the Problem of the Aged, it should be realised that the very great majority of old people are no problem to themselves or to the community, and a close association with them is a very rewarding experience and a lesson in tolerance, cheerfulness and a philosophic approach to life. Unfortunately, the disabilities found in all ages of life become increasingly common in the older generation, and, although our services of domestic helps, home nurses, health visitors and care and after care are being increasingly developed, they are sometimes strained as a result of the calls for them by the older population. While we welcome this development it must be realised that there is a limit to the expansion. All methods and projects for improving good neighbourliness and promoting family responsibilities should receive the utmost encouragement. We are, however, sorry that we have not been able to develop two services for the homebound disabled persons, namely, meals on wheels and chiropody, as there is a need for both of these services; permission to provide a chiropody service has not been obtainable but we hope to provide a meals on wheels service in the near future.

*The Older
Population.*

An enquiry has been made into the work of the District Nurse. A more comprehensive record has been kept and an informative array of facts have been abstracted and sorted. As a result

*District
Nursing.*

we have compiled the tables on pages 91–104 which provide information as follows :—

1. A survey of the cause of the illness, type of nursing provided and the number of visits made (for both sexes).
2. A report on the main conditions nursed and, where known, the information about associated conditions is also included. Although we would wish that this information were more precise, it does give an indication of the great variety and difficulty associated with the home nurses' work.
3. A Table supplying information of the conditions under which nurses carried out their work, and it reveals how much domiciliary nursing care varies from hospital practice, and how the District Nurse has to "make do" with inadequate assistance and facilities. The Tables will be interesting in that they show how the nurse has to carry out her work lacking such important items as bathroom, hot and cold water and other assistance in the home. The District Nurse works in comparative isolation. The facilities she has, as shown, are often poor. She has to rely on her own judgment to an extent which would not be tolerated in hospital practice. She undertakes her duties, in some measure at least, with a sense of responsibility for the home in which she carries out her work, for the patient may not receive any other nursing care, except by the District Nurse, during the whole of the day. Nevertheless, one cannot but feel very pleased at the relief the hospital obtains through the work of the Home Nurses.

*Problem
Families.*

Efforts to rehabilitate problem families still occupy a large proportion of the time of the staff and the work done is described on page 71. These families are problems to almost every department of the Corporation and to every organisation on which they make an impact, but they are no problem to themselves or their families. The very fact that they are content to carry on under the sordid conditions that exist in their homes is the proof of the difficulty that one has to face. The families are often of large size and it seems that the death rate amongst the children is higher than in ordinary families. Apart from their own lack of care for their persons and their property, they frequently live in overcrowded conditions and have an adverse effect on the whole neighbourhood. It will be noted from Dr. Wright's report that the characteristics of problem families appear to be carried on from one generation to another. It seems to me that each problem family should be dealt with as an entity without preconceptions, for we do not know enough about them to generalise ; a decision should be made of a plan of action to be tried for the rehabilitation of the family, but if this effort fails, as unfortunately it almost invariably fails, then the family should be split up before the children have acquired all the unsatisfactory traits that make them the problem parents for the future. I am not unconscious of the need of preserving family units, but it appears to me that the time comes when some of these problem families cease to be effective family units and, for the sake of the children, the family should be broken up and efforts made to train the children to become decent citizens.

*Health
Education.*

An account of the work in the very important field of Health Education is given on page 191. Fundamentally the whole of the work of the Health Department should be considered as an extensive programme of Health Education. There has been a marked increase in the facilities provided in this direction during the year.

*Smoke
Abatement.*

It is difficult to assess the work carried on over many years in connection with smoke abatement in the light of present day industry. Many large firms have changed from, or are changing over from, solid fuel to gas or electricity, or are utilising more economical methods of burning solid fuel. There is also a growing appreciation of the futility of smoke as an extravagance and an unnecessary concomitant of steel manufacture. On the other hand, the manufacture of the greater quantities of gas and electricity now needed increases the amount of sulphur and dust in the air. The present period of full industrial employment is associated with a maximum consumption of fuel of all kinds. To have maintained our position as regards smoke is an achievement, and it is pleasing to report that some of our records show an improvement. Much progress has been made, but it cannot always be measured on the gauges or shown on the present records.

The Beaver Report and the Bill which has been introduced is a disappointment. Promises were made many years ago that the exemptions from legislative restrictions enjoyed by the steel trade would be removed, and not only have these promises not been kept, but further exempted

processes are to be introduced without limitation of time. Industrial towns like Sheffield will, with the rest of the country, benefit from the projected reduction of domestic smoke, but the major sources of atmospheric pollution are not the houses in the City but the large industries on which we depend. As mentioned above, many of the large firms have made improvements—it seems to me that a better national approach would be to provide incentives to induce the recalcitrant firms to improve also. Although direct evidence is hard to come by, we know that bronchitis and cancer of the lung are more common in the industrial areas than elsewhere, and the reduction in ultra violet light must be counteracted by nostrums of various kinds. The material loss from smoke is considerable when counting the cost of repair, replacement and cleansing ; aesthetically the cost is immeasurable, and the drabness and the resulting lack of pride in our architecture and amenities will last a long time.

It is understood that radioactive materials in very small quantities are being increasingly used in manufacturing processes. It is to be hoped that Government Departments concerned will bear this matter in mind before there is any possibility of it becoming a health hazard.

The problem of housing is always one that figures largely in the work of this Department and the new Housing Repairs and Rents Acts will provide increased responsibility and work. Many applications are received from diverse sources for rehousing because of illness, disability and overcrowding ; they come from the hospitals, doctors and from private individuals, and special cases are also referred from the Housing Department. A survey of 180 such applications from one of the five Sanitary Districts was made. They were concerned with overcrowding, and alleged overcrowding, and medical conditions such as nervous and mental disorders, respiratory infections, paralysis, cancer, heart diseases, rheumatism, blindness, etc.; there were also a number of applications for rehousing because of the condition of the house. Although each case was carefully considered and many of the cases were very deserving, it was only possible to recommend the most serious cases, a total of 69, and these were referred to the Housing Committee for their consideration. The remainder will generally be kept under observation. I would like to thank the Housing Committee and the Housing Manager for the understanding with which they have dealt with these cases. Fundamental issues, such as Housing, affect all aspects of social work. Mention has been made of the association between housing and confinements in home and hospital on page 70.

Housing.

Another aspect, which is perhaps little known, is the work that is carried out in dealing with the removal of insect pests, bugs, lice and cockroaches from the house. In the past this work was largely done by the use of cyanide, but this is seldom used for it is now possible, by the use of D.D.T. and similar compounds, to carry out this work much more simply, more efficiently and more cheaply.

There is one problem which is becoming increasingly important—noise is intruding in an unwelcome way more and more into our daily life. In some parts of the City the noise incidental to some industrial processes is a nuisance to the persons living nearby. This is not a nuisance which can be dealt with statutorily. It is difficult to prove that ill-health results from this cause, but there is no doubt about the inconvenience and irritation caused, let alone the disturbance of rest. Some types of noise have been introduced as developments in our amusements and way of life. The distractions and the efforts to counter the distraction can become causes of mental ill-health.

The position regarding staff in the Department is in some respects improving. Health Visitors, Home Nurses and Midwives are coming forward in better numbers. We are, however, faced with a very serious shortage of Sanitary Inspectors and the junior clerical staff is not up to the pre-war standard.

Staff.

There is one recurring difficulty which has an impact on all the work, namely, that the Health Services for children are sub-divided into two compartments. The Education Department co-operate fully, but it is never possible to have a co-ordinated scheme of care for a young child, and this is particularly difficult and unfortunate where the child suffers from a handicap. Another deficiency in our service is that we do not undertake the training of Health Visitors, and it is humiliating to send our trainees away to other authorities for the training, when it should be possible to provide an excellent scheme in Sheffield.

I am sure that these complaints will be taken as an earnest of our desire to improve the service, and our feeling of frustration in not being able to do all that we would like to do.

One of the pleasantest duties is left to the end, and again I have an opportunity of thanking all the members of the many sections of the Health Department for their loyalty and hard work, often in the face of difficulties and shortage of staff. I would also renew my thanks to the members of the Health Committee for their understanding and sometimes for their great forbearance ; the Chairman has, as always, assisted and guided me and I am happy to express my gratitude to him.

LLYWELYN ROBERTS,
Medical Officer of Health.

STATUTORY COMMITTEE

Powers and duties of the City Council in respect of :—

- Public Health Acts,
- National Health Service Acts, 1946—1952
- National Assistance Acts, 1948 and 1951

Approval of :—

- Medical Officer of Health's monthly report on health of City
- Monthly requisitions
- Quarterly report of City Analyst
- Reports of Sub-Committees to which functions are delegated as under :

SUB-COMMITTEES

| AUDIT | CLEANSING AND PUBLIC BATHS | DISABLED PERSONS WELFARE | GENERAL | MATERNAL, INFANT AND NURSING WELFARE | MENTAL HEALTH | SPECIAL, STAFFING, ETC. | WEIGHTS AND MEASURES |
|---|---|---|--|--|--|--|---|
| Verification and checking of monthly expenditure and requisitions of all Sections | <i>Duties under the following Acts :—</i> Public Health Acts, 1875—1936 Sheffield Corporation Acts, 1918 (Consolidated) and 1928 <i>Services under these Acts etc., in relation to :—</i> Refuse Collection Refuse Disposal Public Conveniences Public Baths Public Wash-houses | <i>Duties under the following Acts :—</i> National Assistance Act, 1948 <i>Services under these Acts, etc., in relation to :—</i> Welfare of blind and other handicapped persons Provision of :— Comforts Educational Classes Handicraft Classes Arrangements for sales of manufactured goods | <i>Duties under the following Acts :—</i> Public Health Acts, 1875—1936 National Health Service Acts, 1946-1952 National Assistance Act, 1951 Diseases of Animals Acts Factories Act, 1937 Fertilisers and Feeding Stuffs Act, 1926 Food and Drugs Acts, 1938—1954 Housing Acts, 1936-1952 Housing Repairs and Rents Act, 1954 Hydrogen Cyanide (Fumigation) Act, 1937 Merchandise Marks Act, 1926 Pet Animals Act, 1951 Pharmacy and Medicines Act, 1941 Pharmacy and Poisons Act, 1933 Prevention of Damage by Pests Act, 1949 Rag, Flock and Other Filling Materials Act, 1951 Sheffield Corporation Acts Shops Act, 1950 Slaughter of Animals Acts, 1933—1954 Water Acts, 1945 and 1948 <i>Services under these Acts, etc., in relation to :—</i> General Public Health General Sanitation Ambulance Service Caravans, etc. Disinfection and Disinfection Food and Drugs, etc. Food Premises, etc. Health and Welfare in Workplaces Housing Meat and Food Inspection Milk and Dairies Offensive Trades Pleasure Fairs Rodent Control Sanitary accommodation in factories Smoke Nuisances Movement of Animals, etc. Water Supplies | <i>Duties under the following Acts :—</i> National Health Service Acts, 1946-1952 Lunacy and Mental Treatment Acts, 1890-1930 Mental Deficiency Acts 1913-1938 <i>Services under these Acts etc., in relation to :—</i> Ascertainment of mental deficiency Care and After Care in Mental Health (Certification. etc., under Lunacy Acts Occupation Centres <i>Services under these Acts, etc., in relation to :—</i> Care of mothers and young children Care and After Care Domestic Help Home Nursing Health Visiting Midwifery Supervision of private maternity and nursing homes and nurses' agencies Vaccination and Immunisation | <i>Duties under the following Acts :—</i> National Health Service Acts, 1946-1952 Lunacy and Mental Treatment Acts, 1890-1930 Mental Deficiency Acts 1913-1938 <i>Services under these Acts etc., in relation to :—</i> Ascertainment of mental deficiency Care and After Care in Mental Health (Certification. etc., under Lunacy Acts Occupation Centres | Matters of special importance, including senior staff appointments, etc. | <i>Duties under the following Acts :—</i> Weights and Measures Acts, 1878-1936 Sale of Food (Weights and Measures) Act, 1926 Gas Act, 1948 Explosives Acts, 1875 and 1923 Petroleum (Consolidation) Act, 1928 Shops Act, 1950 Young Persons (Employment) Act, 1938 Celluloid and Cinematograph Film Act, 1922 <i>Services under these Acts, etc., in relation to :—</i> Weights and Measures Explosives Gas meter testing Petroleum Shops Storage of raw and scrap celluloid |

ASSESSMENT SECTION

- Approval of maternity hospital and midwifery bookings
- Assessment of applicant's ability to pay for services
- Cancellation of charges already made in certain cases
- Payment of fees to medical practitioners under Midwives Act, 1951
- Sanction for supply of free dried milk, etc.

VITAL STATISTICS

“ My wailing numbers. ”—R. Burns.

Special Features.—The birth rate of 13·6 per 1,000 for the year 1954 was lower than in the previous year and was also below the England and Wales rate. The general death rate of 11·6 per 1,000 was slightly below the 1953 rate but was higher than the England and Wales rate.

The Infant Mortality rate of 24 per 1,000 live births represented a small decrease from the previous year. The 1954 rate for England and Wales was 25·5 per 1,000 live births. The neonatal mortality rate of the City in 1954 was 16 per 1,000 live births, which was also a small decrease from the previous year.

The death rate of 0·179 per 1,000 from Tuberculosis of the Respiratory System again showed a decrease from 1953. The death rate from Other Forms of Tuberculosis was 0·028 per 1,000, as compared with 0·018 per 1,000 in 1953.

The death rate of children under two years of age from Enteritis and Diarrhoea was slightly above the 1953 rate.

14 cases of Acute Poliomyelitis (Paralytic) and seven cases of Acute Poliomyelitis (Non-Paralytic) were notified during the year. There was one death.

The attack rate from Measles was very low and there were no deaths.

There was a decrease from the previous year in the incidence of Scarlet Fever and there were no deaths from this disease.

There were no cases of Diphtheria during 1954, and there were no deaths for the sixth successive year.

There was a considerable decrease in the incidence of Whooping Cough but the death rate was higher than in the previous year.

The maternal mortality rate was 0·43 per 1,000 total (live and still) births. This was a decrease from the year 1953 and was only slightly above the low record rate of 0·41 in 1951.

Mortality from Cancer again showed an increase and was higher than the England and Wales rate.

The death rates from Influenza, Pneumonia and Bronchitis each showed a considerable decrease from the rates of the previous year.

Area.—The total area of the City at 31st December, 1954, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1954 was 503,400, and this figure is employed in the calculation of the Birth Rates and Death Rates in this Report.

Marriages.—The number of marriages in 1954 was 3,974 and the marriage rate (or persons married per 1,000 of the population) was 15·8 as against 15·7 per 1,000 in 1953. The 1954 rate was slightly above the England and Wales rate, which was 15·4 per 1,000. The following table gives details of marriages in Sheffield during the period 1949 to 1954 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE I.—Marriages and Marriage Rates in Sheffield and in England and Wales, years 1949 to 1953 and year 1954.

| Year. | Total Number of Marriages in Sheffield. | Persons Married per 1,000 of the population. Sheffield. | England and Wales. |
|--|---|--|--------------------|
| 1949 | 4,478 | 17·4 | 17·0 |
| 1950 | 4,241 | 16·5 | 16·3 |
| 1951 | 4,329 | 17·0 | 16·4 |
| 1952 | 4,044 | 15·8 | 15·9 |
| 1953 | 3,996 | 15·7 | 15·6 |
| Average (Quinquennium 1949-1953) | 4,218 | 16·5 | 16·2 |
| 1954 | 3,974 | 15·8 | 15·4 |

Live Births.—There were 7,475 live births registered in the City in 1954, and, after making allowances for births transferable inwards and outwards, the figure of net live births is 6,867. The birth rate was 13·6 per 1,000 of the population as against a rate of 13·9 in 1953. The England and Wales rate for 1954 was 15·2 per 1,000. The statement below shows that, apart from a slight check in 1953, the birth rate of the City has steadily declined since the year 1947. The statement also gives the illegitimacy rates of Sheffield and of England and Wales since the year 1944. It will be seen that of the 6,867 live births in 1954 there were 233 illegitimate births and that the illegitimacy rate was 34 per 1,000 live births as against an England and Wales illegitimacy rate of 46 per 1,000. The average of the illegitimacy rates of the City for the ten years 1944 to 1953 is also very considerably below that of England and Wales :—

| Year. | Total Live Births. | Birth Rate per 1,000 of Population. | Illegitimate Live Births. | Illegitimacy Rate per 1,000 Live Births. Sheffield. | England and Wales. |
|-----------------|--------------------|-------------------------------------|---------------------------|--|--------------------|
| 1944 | 10,072 | 21·2 | 453 | 45 | 70 |
| 1945 | 8,629 | 18·1 | 503 | 58 | 92 |
| 1946 | 10,073 | 20·1 | 433 | 43 | 65 |
| 1947 | 10,522 | 20·7 | 399 | 38 | 52 |
| 1948 | 9,107 | 17·7 | 368 | 40 | 53 |
| 1949 | 8,087 | 15·7 | 282 | 35 | 50 |
| 1950 | 7,370 | 14·3 | 276 | 37 | 49 |
| 1951 | 7,233 | 14·2 | 271 | 37 | 47 |
| 1952 | 7,005 | 13·7 | 227 | 32 | 46 |
| 1953 | 7,055 | 13·9 | 268 | 38 | 46 |
| Average 1944-53 | 8,515 | 17·0 | 348 | 40 | 57 |
| 1954 | 6,867 | 13·6 | 233 | 34 | 46 |

Still-births.—Still-births allocated to the City in 1954, after making allowance for transferable births, numbered 170 and gave a rate of 0·34 per 1,000 of the population, as against a rate of 0·36 for 1953. The still-births of the City in 1954 also represented a rate of 24·2 per 1,000 total (live and still) births, as compared with 25·1 per 1,000 in 1953 and an England and Wales rate for 1954 of 23·4 per 1,000.

Deaths.—There were 6,636 deaths registered in the City in 1954 and the transferable deaths numbered 187 inwards and 1,002 outwards. Net deaths allocated to the City therefore totalled 5,821 of which 3,166 were males and 2,655 females. The death rate from all causes was 11·6 per 1,000 of the population. This rate, as is shown in the following statement, is slightly below the 1953 rate and is also lower than the average rate for the decade 1944-1953. It is, however, above the 1954 rate for England and Wales of 11·3 per 1,000.

| Year | | Number of Deaths | Death Rate per 1,000 of the Population |
|-----------------|----|---------------------|---|
| 1944 | .. | 5,905 | .. 12.5 |
| 1945 | .. | 5,968 | .. 12.5 |
| 1946 | .. | 6,167 | .. 12.3 |
| 1947 | .. | 6,260 | .. 12.3 |
| 1948 | .. | 5,797 | .. 11.3 |
| 1949 | .. | 6,431 | .. 12.5 |
| 1950 | .. | 5,883 | .. 11.4 |
| 1951 | .. | 6,633 | .. 13.0 |
| 1952 | .. | 5,937 | .. 11.6 |
| 1953 | .. | 6,041 | .. 11.9 |
| Average 1944-53 | .. | 6,102 | .. 12.1 |
| 1954 | .. | 5,821 | .. 11.6 |

Smallpox.—There were no cases of Smallpox notified during the year.

Measles.—There were 756 cases of Measles notified during the year, and the attack rate was 1.50 per 1,000 of the population as against 12.46 per 1,000 in 1953. There were no deaths in either year.

Scarlet Fever.—579 cases of Scarlet Fever were notified during the year and the attack rate was 1.15 per 1,000 of the population as against 1.56 for 1953, and an average rate of 1.76 for the quinquennium 1949–1953. There were no deaths from Scarlet Fever in 1954.

Diphtheria.—There were no cases of Diphtheria notified during 1954, which compares with no cases in the year 1953 and an average attack rate for the quinquennium 1949–1953 of 0.001 per 1,000 of the population. There were no deaths from Diphtheria for the sixth successive year.

Whooping Cough.—798 notifications of Whooping Cough were received in the year 1954 and the attack rate was 1.59 per 1,000 of the population as against 3.47 in 1953. There were five deaths, giving a death rate of 0.010 per 1,000 of the population. In the year 1953 there were four deaths with a death rate of 0.008 per 1,000. The average death rate for the quinquennium 1949–1953 was 0.008.

Typhoid and Paratyphoid Fevers.—Five cases of Paratyphoid Fever were notified during 1954, compared with one case of Typhoid Fever and eight cases of Paratyphoid Fever in the previous year. There were no deaths in either year.

Enteritis and Diarrhoea under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 1.46 in 1954, as compared with a rate of 1.42 for the year 1953.

Meningococcal Infection.—There were 17 cases of Meningococcal Infection notified in 1954, the same number as in 1953, and the attack rate was 0.03 per 1,000 of the population. There were five deaths during the year, as against three deaths in 1953, and the death rate was 0.010 per 1,000 of the population, as against 0.006 in 1953, and an average death rate for the quinquennium 1949–1953 of 0.004 per 1,000.

Acute Poliomyelitis.—21 cases were notified during the year—14 of Poliomyelitis (Paralytic) and seven of Poliomyelitis (Non-paralytic)—compared with 28 cases—12 of Poliomyelitis (Paralytic) and 16 of Poliomyelitis (Non-paralytic)—notified in 1953. The attack rate was 0.04 per 1,000 of the population, comparing with a rate of 0.05 for 1953. During the year there was one death from this disease, as against three deaths in 1953.

Acute Encephalitis.—There were no cases of Acute Encephalitis notified during the year. There were four deaths under this heading, all from sequelæ of this disease. In 1953, three cases of Acute Encephalitis (Infective) and four cases of Acute Encephalitis (Post-Infectious) were notified, and there were nine deaths under this heading, all from sequelæ of the disease.

Dysentery.—1,045 cases of Dysentery, the majority of them being of the Sonne type, were notified during the year. There were no deaths. In 1953 there were 117 cases and no deaths.

Malaria.—Three cases of Malaria were notified during the year. In each case the disease was contracted abroad.

Food Poisoning.—There were 96 cases of Food Poisoning recorded during 1954. In 1953 there were 226 notifications, and there were no deaths in either year.

Influenza.—The Influenza death rate was 0.030 per 1,000 as against a rate of 0.079 in the year 1953. The average City rate for the five years 1949–1953 was 0.120 per 1,000.

Pneumonia.—840 cases of Pneumonia were notified in 1954, the incidence rate being 1.67 per 1,000 of the population, as against 2.57 per 1,000 in 1953. A total of 142 persons died from Pneumonia during the year—93 males and 49 females—and the death rate was 0.282 per 1,000 of the population. There were 210 deaths from Pneumonia in the year 1953, and the death rate was 0.414 per 1,000. The average death rate for the five years 1949–1953 was 0.452 per 1,000.

Bronchitis.—There were 316 deaths from Bronchitis during the year as compared with 362 deaths in 1953. The death rate was 0.628 per 1,000 of the population, which compares with a rate of 0.713 for the year 1953. The average City rate for the five years 1949–1953 was 0.777 per 1,000.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1947, Sheffield was selected for a three years trial period of notification of Acute Rheumatism in children under 16 years of age, commencing on 1st October, 1947 ; this period was extended for a further three years by the Acute Rheumatism Regulations, 1950, which expired on 30th September, 1953. Notification has since been renewed by the Acute Rheumatism Regulations, 1953, for a period of three years commencing on 15th January, 1954.

During the period 15th January to 31st December, 1954, 33 cases were classified as properly notifiable under the Regulations, and a separate report upon an investigation which has been made into these cases appears at the end of this section of the Annual Report.

Cancer.—A total of 1,111 persons, 629 males and 482 females, died from Cancer in the year 1954. The death rate was 2.207 per 1,000 of the population, as against 2.104 in 1953.

Below is a table which gives details of deaths of Sheffield residents from Cancer in the period 1949–1954 and a comparison of the Sheffield death rate with that of England and Wales.

The numbers of deaths under the detailed sub-headings of Cancer, classified according to sex and in age periods, are given in Table VIII on page 25.

TABLE II.—*Cancer Mortality of Sheffield and of England and Wales for the year 1954 and the previous five years.*

| Year | Deaths of Sheffield Residents | | | Death Rate per 1,000 of the Population | |
|------------------------|-------------------------------|---------|-------|--|-------------------|
| | Males | Females | Total | Sheffield | England and Wales |
| 1949 | 538 | 486 | 1024 | 1.99 | 1.87 |
| 1950 | 543 | 451 | 994 | 1.93 | 1.95 |
| 1951 | 564 | 487 | 1051 | 2.06 | 1.96 |
| 1952 | 597 | 459 | 1056 | 2.07 | 1.99 |
| 1953 | 606 | 462 | 1068 | 2.10 | 1.99 |
| 5 yrs' av'ge (1949-53) | 570 | 469 | 1039 | 2.03 | 1.95 |
| 1954 | 629 | 482 | 1111 | 2.21 | 2.04 |

Tuberculosis.—There were 488 primary notifications of Tuberculosis of the Respiratory System in 1954, and the incidence rate was 0.97 per 1,000 of the population as against 1.10 per 1,000 in 1953. There were 67 notifications of Other Forms of Tuberculosis, giving an incidence rate of 0.13 per 1,000 which corresponds with a rate of 0.12 per 1,000 for 1953.

Deaths from Tuberculosis of the Respiratory System numbered 90, of whom 65 were males and 25 females. The death rate per 1,000 of the population was 0.179. This figure compares with a rate of 0.197 in 1953, an average rate of 0.294 for the five years 1949–1953, and an England and Wales rate for 1954 of 0.160 per 1,000.

There were 14 deaths from Other Forms of Tuberculosis, eight of males and six of females. The death rate was 0·028 per 1,000 of the population as against a rate for 1953 of 0·018 per 1,000, an average rate of 0·043 for the five years 1949–1953, and an England and Wales rate of 0·019 for the year 1954.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1945 to 1954, are given in the table below :—

TABLE III.—*Death Rates per Million from Tuberculosis, ten years, 1945 to 1954.*

| Year | Respiratory System | | Other Forms | | All Forms | |
|-------------|--------------------|-------------------|-------------|-------------------|-----------|-------------------|
| | Sheffield | England and Wales | Sheffield | England and Wales | Sheffield | England and Wales |
| 1945 | 561 | 515 | 107 | 100 | 668 | 615 |
| 1946 | 536 | 468 | 66 | 83 | 602 | 551 |
| 1947 | 500 | 470 | 79 | 79 | 579 | 549 |
| 1948 | 441 | 440 | 54 | 67 | 495 | 507 |
| 1949 | 440 | 403 | 74 | 54 | 514 | 457 |
| 1950 | 313 | 321 | 54 | 43 | 367 | 364 |
| 1951 | 294 | 275 | 49 | 41 | 343 | 316 |
| 1952 | 225 | 212 | 20 | 28 | 245 | 240 |
| 1953 | 197 | 179 | 18 | 22 | 215 | 201 |
| 1954 | 179 | 160 | 28 | 19 | 207 | 179 |

Infant Mortality. There were 164 deaths of infants under one year of age in 1954, as compared with 181 in 1953. The infant mortality rate of 26 per 1,000 live births in 1953 fell to 24 per 1,000 in 1954. The England and Wales rate for 1954 was 25·5 per 1,000.

In the table which follows are given the infant mortality rates for Sheffield and for England and Wales during the past 20 years. It will be seen that throughout this period the Sheffield rate has compared favourably with the England and Wales rate.

TABLE IV.—*Infant Mortality, Sheffield and England and Wales, 20 years, 1935 to 1954.*

| Year | Infant Mortality | | Year | Infant Mortality | |
|------|------------------|-------------------|------|------------------|-------------------|
| | Sheffield | England and Wales | | Sheffield | England and Wales |
| 1935 | 52 | 57 | 1945 | 46 | 46 |
| 1936 | 59 | 59 | 1946 | 36 | 43 |
| 1937 | 55 | 58 | 1947 | 42 | 41 |
| 1938 | 50 | 53 | 1948 | 32 | 34 |
| 1939 | 48 | 50 | 1949 | 35 | 32 |
| 1940 | 55 | 56 | 1950 | 28 | 30 |
| 1941 | 67 | 60 | 1951 | 31 | 30 |
| 1942 | 49 | 51 | 1952 | 24 | 28 |
| 1943 | 56 | 49 | 1953 | 26 | 27 |
| 1944 | 41 | 45 | 1954 | 24 | 26 |

In the table which follows in regard to infant mortality, particulars are given of the deaths of infants in the year 1954. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (sixth revision), which was introduced on 1st January, 1950.

TABLE V.—Infant Mortality ; Deaths in the year 1954 from stated causes at various ages under One Year.

| CAUSE OF DEATH | Under 1 day | 1 day and under 1 week | 1 week and under 2 weeks | 2 weeks and under 3 weeks | 3 weeks and under 4 weeks | Total under 4 weeks | 4 weeks and under 3 months | 3 months and under 6 months | 6 months and under 9 months | 9 months and under 12 months | Total deaths under 1 year |
|---|----------------|------------------------------|--------------------------------|---------------------------------|---------------------------------|------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|------------------------------|
| Whooping Cough— | | | | | | | | | | | |
| Without mention of Pneumonia | — | — | — | — | — | — | 2 | 2 | — | — | 4 |
| With Pneumonia | — | — | — | — | — | — | — | — | 1 | — | 1 |
| Meningococcal Infections | — | — | — | — | — | — | — | 1 | — | 2 | 3 |
| Toxoplasmosis | — | — | — | — | — | — | 1 | — | — | — | 1 |
| Mental Deficiency—Mongolism | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Meningitis, unspecified cause | — | — | 1 | — | — | 1 | — | — | — | — | 1 |
| Acute Mastoiditis, without mention of Otitis Media | — | — | — | — | — | — | — | 1 | — | — | 1 |
| Functional disease of heart | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Pulmonary Embolism and Infarction | — | — | — | — | — | — | 1 | 1 | — | — | 2 |
| Acute Laryngitis and Tracheitis | — | — | — | — | — | — | — | — | — | 1 | 1 |
| Acute Upper Respiratory Infection of multiple or unspecified sites | — | — | — | — | — | — | 1 | — | — | — | 1 |
| Bronchopneumonia | — | — | — | — | — | — | 5 | 3 | 1 | 2 | 11 |
| Pneumonia, other and unspecified | — | — | — | — | — | — | — | — | — | 2 | 2 |
| Acute Bronchitis | — | — | — | — | — | — | 2 | — | — | — | 2 |
| Emphysema without mention of Bronchitis | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Diseases of Oesophagus | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Hernia of Abdominal Cavity without mention of Obstruction—Other specified site | 1 | — | — | — | — | 1 | — | — | — | — | 1 |
| Gastro Enteritis and Colitis, except ulcerative, age 4 weeks and over | — | — | — | — | — | — | — | 4 | 4 | 1 | 9 |
| Acute and Subacute Yellow Atrophy of Liver | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Congenital Malformations— | | | | | | | | | | | |
| Monstrosity | 2 | — | — | — | — | 2 | — | — | — | — | 2 |
| Spina Bifida and Meningocele | — | 1 | 1 | 1 | — | 3 | 1 | — | — | — | 4 |
| Congenital Hydrocephalus | 1 | 1 | — | — | 1 | 3 | — | 3 | 1 | — | 7 |
| Nervous System and Sense Organs, other | 1 | — | 1 | — | — | 2 | — | — | — | — | 2 |
| Circulatory System | — | 2 | — | 2 | — | 4 | 1 | 1 | 1 | 1 | 8 |
| Digestive System | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Genito-urinary System | — | — | — | — | — | — | — | — | 1 | — | 1 |
| Bone and Joint | 1 | — | — | — | — | 1 | 1 | — | — | — | 2 |
| Other and Unspecified | 2 | 1 | — | — | — | 3 | 1 | — | — | — | 4 |
| Intracranial and Spinal Injury at Birth— | | | | | | | | | | | |
| Without mention of immaturity | 5 | 3 | — | — | — | 8 | — | — | — | — | 8 |
| With immaturity | 4 | 5 | — | 1 | — | 10 | — | — | — | — | 10 |
| Other Birth Injury— | | | | | | | | | | | |
| With immaturity | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Postnatal Asphyxia and Atelectasis— | | | | | | | | | | | |
| Without mention of immaturity | 3 | 6 | 1 | — | — | 10 | — | — | — | — | 10 |
| With immaturity | 1 | 7 | — | — | — | 8 | — | — | — | — | 8 |
| Pneumonia of Newborn— | | | | | | | | | | | |
| Without mention of immaturity | — | — | 1 | 2 | — | 3 | — | — | — | — | 3 |
| With immaturity | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Neonatal Disorders arising from Toxæmia of Pregnancy— | | | | | | | | | | | |
| Without mention of immaturity | 1 | — | — | — | — | 1 | — | — | — | — | 1 |
| Erythroblastosis— | | | | | | | | | | | |
| Without mention of nervous affection or immaturity | 1 | — | — | — | — | 1 | — | — | — | — | 1 |
| Without mention of nervous affection but with immaturity | 1 | — | — | — | — | 1 | — | — | — | — | 1 |
| Kernicterus with immaturity | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Haemorrhagic Disease of Newborn— | | | | | | | | | | | |
| Without mention of immaturity | 1 | — | — | — | — | 1 | — | — | — | — | 1 |
| Ill-defined Diseases Peculiar to Early Infancy— | | | | | | | | | | | |
| Without mention of immaturity | — | 1 | — | — | — | 1 | — | — | — | — | 1 |
| Immaturity with mention of any other subsidiary condition | 1 | — | — | — | — | 1 | — | — | — | — | 1 |
| Immaturity Unqualified | 24 | 10 | — | — | — | 34 | — | — | — | — | 34 |
| Other unknown and unspecified causes | — | — | 1 | — | — | 1 | — | — | — | — | 1 |
| Motor Vehicle Traffic Accident to Pedestrian | — | — | — | — | — | — | — | — | 1 | — | 1 |
| Inhalation and ingestion of food causing obstruction or suffocation | — | — | — | — | — | — | 1 | 1 | — | — | 2 |
| Accidental mechanical suffocation in bed and cradle | — | — | — | — | — | — | 2 | — | — | — | 2 |
| ALL CAUSES | 50 | 46 | 6 | 6 | 1 | 109 | 19 | 17 | 10 | 9 | 164 |

Neo-Natal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 109 in the year 1954, giving a neo-natal mortality rate of 16 per 1,000 live births. The rate for the year 1953 was also 16 per 1,000. The neo-natal deaths in 1954 comprised 66·5 per cent. of the total deaths of children under one year of age as against 63·5 per cent. in 1953.

Pregnancy, Child Birth and the Puerperal State. There were 377 cases of Puerperal Pyrexia notified during the year 1954, and the incidence rate, calculated per 1,000 total (live and still) births, was 53·57 as against a rate of 45·46 in 1953.

There were three maternal deaths during the year 1954, as compared with four in 1953. The death rate from Puerperal Sepsis was 0·28 per 1,000 total (live and still) births, which compares with a death rate of 0·14 per 1,000 in 1953 and an average rate of 0·06 per 1,000 for the five years 1949–1953. The total maternal mortality rate of the City, which was 0·55 per 1,000 total (live and still) births in 1953, fell to 0·43 per 1,000 in 1954, in which year the corresponding England and Wales rate was 0·58 per 1,000. The average Sheffield rate for the period 1949–1953 was 0·53, as against an England and Wales average of 0·69. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the Puerperal Pyrexia incidence rates of the City, the death rates of the City from Puerperal Sepsis and from other maternal causes, and also comparative figures of the total maternal mortality rates of Sheffield and of England and Wales. Deaths from abortion are disregarded in stating maternal mortality rates.

TABLE VI.—*Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per 1,000 total (live and still) Births, years 1949–1954.*

| Year. | Total Maternal Deaths in Sheffield (excluding Abortion) | Rates per 1,000 total (live and still) Births. | | | | |
|---------------------------|---|--|---------------------|------------------|-----------|--------------------------|
| | | Sickness incidence from Puerperal Pyrexia | Maternal Mortality. | | | Total Maternal Mortality |
| | | | Puerperal Sepsis | All Other Causes | Sheffield | England and Wales |
| 1949 | 4 | 12·94 (107) | — | 0·48 (4) | 0·48 | 0·82 |
| 1950 | 4 | 11·96 (90) | — | 0·53 (4) | 0·53 | 0·72 |
| 1951 | 3 | 15·80 (117) | 0·14 (1) | 0·27 (2) | 0·41 | 0·65 |
| 1952 | 5 | 46·59 (333) | — | 0·70 (5) | 0·70 | 0·59 |
| 1953 | 4 | 45·46 (329) | 0·14 (1) | 0·41 (3) | 0·55 | 0·65 |
| Average 5 years 1949-1953 | 4 | 26·55 (195) | 0·06 (—) | 0·48 (4) | 0·53 | 0·69 |
| 1954 | 3 | 53·57 (377) | 0·28 (2) | 0·14 (1) | 0·43 | 0·58 |

NOTE.—The figures in brackets denote the actual number of cases or deaths.

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable diseases during the year 1954. Notifications of each disease are tabulated in specified age groups.

TABLE VII.—Cases of Infectious and other notifiable Diseases during the year 1954
classified under age periods.

| NOTIFIABLE DISEASE | Number of Cases Notified | | | | | | | | |
|---|--------------------------|---------------------|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------|----------------|
| | At Specified Age Periods | | | | | | | | At all Ages |
| | Under 1 year | 1 and under 5 | 5 and under 15 | 15 and under 25 | 25 and under 35 | 35 and under 45 | 45 and under 65 | 65 and upwards | |
| Smallpox | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Measles | 44 | 316 | 383 | 8 | 5 | .. | .. | .. | 756 |
| Whooping Cough .. | 89 | 425 | 277 | 1 | 3 | 3 | .. | .. | 798 |
| Scarlet Fever | .. | 163 | 393 | 18 | 4 | 1 | .. | .. | 579 |
| Diphtheria | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Typhoid Fever | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Paratyphoid Fever .. | .. | 3 | 2 | .. | .. | .. | .. | .. | 5 |
| Puerperal Pyrexia .. | .. | .. | .. | 182 | 159 | 36 | .. | .. | 377 |
| Erysipelas | .. | 1 | .. | 1 | 7 | 14 | 45 | 30 | 98 |
| Meningococcal Infection | 5 | 7 | 4 | .. | .. | .. | 1 | .. | 17 |
| Acute Poliomyelitis— | | | | | | | | | |
| Paralytic | .. | 7 | 7 | .. | .. | .. | .. | .. | 14 |
| Non-Paralytic .. | .. | 1 | 2 | 2 | 2 | .. | .. | .. | 7 |
| Ophthalmia | | | | | | | | | |
| Neonatorum | 11 | .. | .. | .. | .. | .. | .. | .. | 11 |
| Pneumonia | 52 | 81 | 99 | 60 | 61 | 78 | 220 | 189 | 840 |
| Malaria | .. | .. | .. | 1 | 1 | 1 | .. | .. | 3 |
| Dysentery | 37 | 349 | 518 | 24 | 57 | 32 | 19 | 9 | 1,045 |
| Acute Encephalitis— | | | | | | | | | |
| Infective | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Post-Infectious .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Food Poisoning | 5 | 23 | 50 | 1 | 3 | 6 | 5 | 3 | 96 |
| Tuberculosis of Respir- atory System | 5 | 31 | 43 | 110 | 98 | 58 | 115 | 28 | 488 |
| Other Forms of Tuber- culosis | 2 | 11 | 25 | 8 | 8 | 5 | 7 | 1 | 67 |
| Acute Rheumatism .. | .. | 1 | 28 | 4 | .. | .. | .. | .. | 33 |
| Totals | 250 | 1,419 | 1,831 | 420 | 408 | 234 | 412 | 260 | 5,234 |

Causes of Death.—In Table VIII on page 25 are given particulars of the number of deaths of Sheffield residents in the year 1954, classified according to disease, sex and age periods. It should be stated that, commencing with deaths registered in the year 1950, the classification of causes of death is that prescribed in the International List (sixth revision 1948), which replaced the fifth revision of 1938. This change in classification has lessened the value, as regards certain causes of death, of the comparisons which are made of death rates prior to the year 1950 with those of subsequent years.

Population and Birth Rates and Death Rates in Past Years.—Table IX on page 26 gives information in regard to the population of the City in 1954 and past years; also the numbers of births and deaths in the City and the birth rates and death rates of Sheffield and of England and Wales in those years.

Classification of Occupations.—The Tables on pages 27 to 39 give particulars of deaths from Tuberculosis of the Lung, Cancer of the Lung and Bronchus, Bronchitis, Ulcer of the Stomach and Duodenum, and Leukæmia, classified according to occupation, age and sex. The occupations shown are in accordance with those given in the “Classification of Occupations, 1950”, issued by the General Register Office.

TABLE VIII.—*Deaths of Sheffield Residents in the Year 1954 Classified according to Disease, Sex and Age-Periods.*

| CAUSE OF DEATH | Sex | All Ages | 0— | 1— | 2— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75— |
|---|-----|----------|-----|----|----|----|-----|-----|-----|-----|-----|------|------|
| ALL CAUSES ... | M | 3166 | 102 | 8 | 9 | 15 | 36 | 44 | 94 | 307 | 604 | 909 | 1038 |
| | F | 2655 | 62 | 1 | 6 | 11 | 11 | 36 | 70 | 165 | 349 | 730 | 1214 |
| TOTALS ... | | 5821 | 164 | 9 | 15 | 26 | 47 | 80 | 164 | 472 | 953 | 1639 | 2252 |
| 1. Tuberculosis, Respiratory ... | M | 65 | — | — | — | — | 1 | 7 | 10 | 12 | 24 | 10 | 1 |
| | F | 25 | — | — | — | — | 1 | 8 | 3 | 8 | 1 | 4 | — |
| 2. Tuberculosis, Other | M | 8 | — | — | 1 | 1 | 1 | — | 1 | — | — | 2 | 2 |
| | F | 6 | — | — | — | 1 | 2 | — | 1 | — | — | 1 | 1 |
| 3. Syphilitic Disease ... | M | 7 | — | — | — | — | — | — | — | 2 | 1 | 4 | — |
| | F | 3 | — | — | — | — | — | — | — | 1 | — | 1 | 1 |
| 4. Diphtheria ... | M | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | — | — | — | — | — | — |
| 5. Whooping Cough ... | M | 4 | 4 | — | — | — | — | — | — | — | — | — | — |
| | F | 1 | 1 | — | — | — | — | — | — | — | — | — | — |
| 6. Meningococcal Infections ... | M | 3 | 1 | 1 | — | 1 | — | — | — | — | — | — | — |
| | F | 2 | 2 | — | — | — | — | — | — | — | — | — | — |
| 7. Acute Poliomyelitis | M | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | 1 | — | — | — | 1 | — | — | — | — | — | — | — |
| 8. Measles ... | M | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | — | — | — | — | — | — |
| 9. Other Infective and Parasitic Diseases | M | 3 | 1 | — | — | 1 | — | — | — | — | 1 | — | — |
| | F | 4 | — | — | — | — | — | — | — | 2 | 1 | — | 1 |
| 10. Malignant Neoplasm, Stomach ... | M | 108 | — | — | — | — | — | — | 3 | 22 | 25 | 30 | 28 |
| | F | 70 | — | — | — | — | — | 2 | 2 | 11 | 14 | 22 | 19 |
| 11. Malignant Neoplasm, Lung, Bronchus... | M | 231 | — | — | — | — | 1 | — | 14 | 42 | 79 | 76 | 19 |
| | F | 30 | — | — | — | — | — | — | 1 | 6 | 11 | 7 | 5 |
| 12. Malignant Neoplasm, Breast ... | M | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | 92 | — | — | — | — | — | — | 10 | 13 | 29 | 25 | 15 |
| 13. Malignant Neoplasm, Uterus ... | M | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | 48 | — | — | — | — | — | 1 | 4 | 7 | 16 | 12 | 8 |
| 14. Other Malignant and Lymphatic Neoplasms | M | 274 | — | — | 1 | 1 | 5 | 5 | 5 | 37 | 60 | 81 | 79 |
| | F | 224 | — | — | 1 | 1 | 1 | 1 | 11 | 31 | 49 | 60 | 69 |
| 15. Leukæmia, Aleukæmia | M | 16 | — | — | 1 | — | — | 1 | 2 | 3 | 1 | 6 | 2 |
| | F | 18 | — | — | 1 | 2 | — | 1 | 1 | 3 | 4 | 5 | 1 |
| 16. Diabetes ... | M | 7 | — | — | — | — | — | 1 | — | 1 | 2 | 2 | 1 |
| | F | 19 | — | — | — | — | — | — | — | 1 | 8 | 5 | 5 |
| 17. Vascular Lesions of Nervous System | M | 349 | — | 1 | — | — | 2 | 2 | 3 | 23 | 68 | 114 | 136 |
| | F | 398 | — | — | — | — | — | 2 | 2 | 13 | 49 | 141 | 191 |
| 18. Coronary Disease, Angina | M | 544 | — | — | — | — | — | 2 | 17 | 61 | 147 | 178 | 139 |
| | F | 281 | — | — | — | — | — | 1 | 1 | 12 | 43 | 115 | 109 |
| 19. Hypertension with Heart disease ... | M | 62 | — | — | — | — | — | — | — | 3 | 9 | 15 | 35 |
| | F | 87 | — | — | — | — | — | — | — | 1 | 10 | 28 | 48 |
| 20. Other Heart disease | M | 357 | — | — | 1 | 1 | 3 | 8 | 9 | 15 | 27 | 84 | 209 |
| | F | 519 | 1 | — | — | — | 1 | 8 | 12 | 19 | 30 | 122 | 326 |
| 21. Other Circulatory disease ... | M | 286 | 1 | — | — | 1 | 1 | 1 | — | 11 | 22 | 77 | 172 |
| | F | 320 | 1 | — | — | — | — | — | 2 | 3 | 18 | 66 | 230 |
| 22. Influenza ... | M | 5 | — | — | — | — | — | — | 1 | — | — | 3 | 1 |
| | F | 10 | — | — | — | — | — | — | 1 | — | 1 | 3 | 5 |
| 23. Pneumonia ... | M | 93 | 13 | 1 | — | — | — | 1 | 5 | 7 | 16 | 20 | 30 |
| | F | 49 | 4 | — | 1 | 1 | — | 1 | 1 | 2 | 5 | 13 | 21 |
| 24. Bronchitis ... | M | 243 | 2 | 2 | 1 | 1 | — | — | 1 | 24 | 45 | 99 | 68 |
| | F | 73 | — | — | — | — | — | — | — | 4 | 9 | 26 | 34 |
| 25. Other diseases of Respiratory System | M | 20 | 2 | — | — | 2 | — | — | 1 | 3 | 5 | 5 | 2 |
| | F | 15 | 1 | — | — | 1 | — | 1 | 3 | 1 | 2 | 3 | 3 |
| 26. Ulcer of Stomach and Duodenum ... | M | 46 | — | — | — | — | — | — | 2 | 7 | 10 | 11 | 16 |
| | F | 14 | — | — | — | — | — | 1 | — | 1 | 3 | 4 | 5 |
| 27. Gastritis, Enteritis and Diarrhoea | M | 15 | 5 | 1 | 1 | — | — | 1 | 1 | — | 4 | 2 | — |
| | F | 13 | 4 | — | — | — | — | — | — | — | 1 | 5 | 3 |
| 28. Nephritis and Nephrosis | M | 27 | — | — | — | — | — | 2 | 3 | 3 | 7 | 6 | 6 |
| | F | 23 | — | — | — | — | 1 | 1 | 2 | 2 | 3 | 3 | 11 |
| 29. Hyperplasia of Prostate | M | 61 | — | — | — | — | — | — | — | — | 4 | 23 | 34 |
| | F | — | — | — | — | — | — | — | — | — | — | — | — |
| 30. Pregnancy, Child-birth, Abortion | M | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | 3 | — | — | — | — | 1 | 1 | 1 | — | — | — | — |
| 31. Congenital Malformations | M | 21 | 14 | — | 2 | — | 2 | 1 | — | 1 | 1 | — | — |
| | F | 20 | 17 | — | 1 | 1 | — | — | — | — | 1 | — | — |
| 32. Other defined and ill-defined diseases | M | 211 | 56 | 2 | — | 2 | 6 | 3 | 7 | 20 | 34 | 44 | 37 |
| | F | 216 | 29 | 1 | 1 | — | 2 | 5 | 12 | 20 | 32 | 46 | 68 |
| 33. Motor Vehicle Accidents | M | 24 | — | — | — | 2 | 7 | 3 | 2 | 2 | 2 | 4 | 2 |
| | F | 14 | 1 | — | — | 1 | 1 | 1 | — | 1 | 4 | 3 | 2 |
| 34. All other Accidents... | M | 55 | 3 | — | 1 | 2 | 5 | 6 | 2 | 4 | 7 | 8 | 17 |
| | F | 48 | 1 | — | 1 | 2 | 1 | — | — | 1 | 1 | 8 | 33 |
| 35. Suicide ... | M | 21 | — | — | — | — | 2 | — | 5 | 4 | 3 | 5 | 2 |
| | F | 7 | — | — | — | — | — | — | — | 1 | 4 | 2 | — |
| 36. Homicide and Operations of War ... | M | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | 2 | — | — | — | — | — | 1 | — | 1 | — | — | — |

TABLE IX.—*Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1954, and previous years.*

| YEAR | POPULATION (Estimated) | SHEFFIELD | | | | ENGLAND AND WALES | |
|-------|---------------------------|------------------------|---|------------------------|---|---|---|
| | | LIVE BIRTHS | | DEATHS | | Birth Rate per 1,000 of Population | Death Rate per 1,000 of Population |
| | | Number of Births | Birth Rate per 1,000 of Population | Number of Deaths | Death Rate per 1,000 of Population | | |
| 1851 | 135,310 | 5,946 | 41·6 | 4,027 | 28·2 | 34·2 | 22·0 |
| 1861 | 186,375 | 7,561 | 40·5 | 4,610 | 24·7 | 34·6 | 21·6 |
| 1871 | 241,506 | 9,674 | 40·4 | 6,843 | 28·3 | 35·0 | 22·6 |
| 1881 | 284,508 | 10,814 | 38·0 | 5,909 | 20·7 | 33·9 | 18·9 |
| 1891 | 325,547 | 11,862 | 36·4 | 7,775 | 23·9 | 31·4 | 20·2 |
| *1901 | 410,151 | 12,766 | 33·0 | 7,891 | 20·4 | 28·5 | 16·9 |
| 1902 | 414,506 | 13,938 | 33·6 | 7,064 | 17·0 | 28·5 | 16·3 |
| 1903 | 418,906 | 14,136 | 33·6 | 7,976 | 19·0 | 28·5 | 15·5 |
| 1904 | 423,355 | 13,850 | 32·7 | 7,284 | 17·2 | 28·0 | 16·3 |
| 1905 | 427,850 | 13,082 | 30·6 | 7,510 | 17·6 | 27·3 | 15·3 |
| 1906 | 432,395 | 13,420 | 31·1 | 7,475 | 17·3 | 27·2 | 15·5 |
| 1907 | 436,986 | 14,125 | 32·3 | 7,772 | 17·8 | 26·5 | 15·1 |
| 1908 | 441,630 | 14,268 | 32·3 | 7,337 | 16·6 | 26·7 | 14·8 |
| 1909 | 446,321 | 13,296 | 29·8 | 7,098 | 15·9 | 25·8 | 14·6 |
| 1910 | 451,065 | 12,664 | 28·1 | 6,426 | 14·2 | 25·1 | 13·5 |
| 1911 | 455,817 | 12,623 | 27·7 | 7,335 | 16·1 | 24·4 | 14·6 |
| *1912 | 466,408 | 12,887 | 27·7 | 6,661 | 14·3 | 23·8 | 13·3 |
| 1913 | 471,662 | 13,288 | 28·2 | 7,446 | 15·8 | 23·9 | 13·8 |
| *1914 | 476,971 | 13,004 | 27·3 | 7,790 | 16·3 | 23·8 | 14·0 |
| 1915 | 476,012 | 12,139 | 25·5 | 8,173 | 17·2 | 21·8 | 15·7 |
| 1916 | 465,494 | 12,014 | 23·7 | 7,262 | 15·6 | 20·9 | 14·4 |
| 1917 | 469,293 | 11,026 | 21·1 | 6,892 | 14·7 | 17·8 | 14·4 |
| 1918 | 465,217 | 10,746 | 20·6 | 9,732 | 20·9 | 17·7 | 17·6 |
| 1919 | 473,695 | 10,353 | 21·0 | 6,564 | 13·9 | 18·5 | 13·7 |
| 1920 | 492,700 | 13,130 | 26·6 | 6,622 | 13·4 | 25·5 | 12·4 |
| *1921 | 519,239 | 11,907 | 23·8 | 6,284 | 12·5 | 22·4 | 12·1 |
| 1922 | 522,600 | 10,804 | 20·7 | 6,097 | 11·7 | 20·4 | 12·8 |
| 1923 | 524,200 | 10,195 | 19·4 | 6,012 | 11·5 | 19·7 | 11·6 |
| 1924 | 525,000 | 9,712 | 18·5 | 6,110 | 11·6 | 18·8 | 12·2 |
| 1925 | 526,900 | 9,321 | 17·7 | 6,078 | 11·5 | 18·3 | 12·2 |
| 1926 | 523,300 | 9,013 | 17·2 | 5,927 | 11·3 | 17·8 | 11·6 |
| 1927 | 524,900 | 8,526 | 16·2 | 6,436 | 12·3 | 16·7 | 12·3 |
| 1928 | 515,400 | 8,438 | 16·4 | 6,099 | 11·8 | 16·7 | 11·7 |
| *1929 | 518,000 | 7,976 | 15·4 | 6,850 | 13·2 | 16·3 | 13·4 |
| 1930 | 517,700 | 7,831 | 15·1 | 5,675 | 11·0 | 16·3 | 11·4 |
| 1931 | 517,300 | 7,777 | 15·0 | 5,839 | 11·3 | 15·8 | 12·3 |
| 1932 | 513,000 | 7,393 | 14·4 | 5,976 | 11·6 | 15·3 | 12·0 |
| 1933 | 511,820 | 7,178 | 14·0 | 6,117 | 12·0 | 14·4 | 12·3 |
| *1934 | 520,950 | 7,530 | 14·5 | 5,886 | 11·4 | 14·8 | 11·8 |
| 1935 | 520,500 | 7,676 | 14·7 | 6,193 | 11·9 | 14·7 | 11·7 |
| 1936 | 518,200 | 7,884 | 15·2 | 6,334 | 12·2 | 14·8 | 12·1 |
| 1937 | 518,200 | 7,962 | 15·4 | 6,492 | 12·5 | 14·9 | 12·4 |
| 1938 | 520,000 | 8,144 | 15·7 | 5,906 | 11·4 | 15·1 | 11·6 |
| 1939 | 522,000 | 8,192 | 15·7 | 6,201 | 12·0 | 15·0 | 12·1 |
| 1940 | 496,700 | 7,702 | 15·5 | 7,538 | 15·2 | 15·2 | 14·4 |
| 1941 | 483,320 | 7,477 | 15·5 | 6,583 | 13·6 | 14·9 | 13·5 |
| 1942 | 479,400 | 7,958 | 16·6 | 5,697 | 11·9 | 15·8 | 12·3 |
| 1943 | 474,100 | 8,613 | 18·2 | 6,215 | 13·1 | 16·5 | 13·0 |
| 1944 | 474,180 | 10,072 | 21·2 | 5,905 | 12·5 | 17·6 | 12·7 |
| 1945 | 476,360 | 8,629 | 18·1 | 5,968 | 12·5 | 17·8 | 12·6 |
| 1946 | 500,400 | 10,073 | 20·1 | 6,167 | 12·3 | 19·1 | 12·0 |
| 1947 | 508,370 | 10,522 | 20·7 | 6,260 | 12·3 | 20·6 | 12·0 |
| 1948 | 514,400 | 9,107 | 17·7 | 5,797 | 11·3 | 17·9 | 10·8 |
| 1949 | 513,700 | 8,087 | 15·7 | 6,431 | 12·5 | 16·7 | 11·7 |
| 1950 | 515,000 | 7,370 | 14·3 | 5,883 | 11·4 | 15·8 | 11·6 |
| 1951 | 510,000 | 7,233 | 14·2 | 6,633 | 13·0 | 15·5 | 12·5 |
| 1952 | 510,900 | 7,005 | 13·7 | 5,937 | 11·6 | 15·3 | 11·3 |
| 1953 | 507,600 | 7,055 | 13·9 | 6,041 | 11·9 | 15·5 | 11·4 |
| 1954 | 503,400 | 6,867 | 13·6 | 5,821 | 11·6 | 15·2 | 11·3 |

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841.

* The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 ; 1st April, 1929 ; and 1st April, 1934.

TABLE X.—Continued.

| OCCUPATION | TOTALS—ALL AGES | | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | |
|--|-----------------|-------|-----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|
| | Totals | M. F. | | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 729. Proprietors, Managers of Retail Businesses for Sale of Other Non-Food Goods | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| 739. Salesmen, Shop Assistants selling Other Non-Food Goods | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... |
| 749. Other Commercial Occupations | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 770. Trained Nurses, Midwives | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 779. Others in Medical Auxiliary Services | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| XX.—PERSONS EMPLOYED IN DEFENCE SERVICES. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 833. Watchmen | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | ... | ... | 1 | ... | ... | ... | ... |
| XXII.—PERSONS ENGAGED IN PERSONAL SERVICE. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 888. Others | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXIII.—CLERKS, TYPISTS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 890. Clerks (not elsewhere specified) | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 895. Costing, Estimating and Accounting Clerks (including Book-keepers) | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| XXIV.—WAREHOUSMEN, STOREKEEPERS, PACKERS, BOTTLERS. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 900. Warehousemen | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| 901. Store Keepers | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | 2 | ... | ... | ... | ... | ... | ... | ... |
| 909. Other Packers and Bottlers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 914. Slingers and Riggers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 931. Machine Minders—Engineering and Allied Trades | 2 | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 940. Labourers in Metal Working, Engineering, etc., Trades | 9 | 9 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | 3 | ... | ... | ... | ... | ... | ... | ... |
| 942. Labourers in Treatment of Other Non-Metalliferous Mining Products (not Coal) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 950. Labourers in All Other Industrial and Commercial Undertakings | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | ... | ... | ... | ... | ... | ... | ... |
| XXVII.—OTHER AND UNDEFINED WORKERS. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 979. All Other and Undefined Workers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 999. DEPENDANTS | 22 | 22 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| TOTALS | 90 | 65 | 25 | ... | ... | ... | ... | ... | ... | 1 | 1 | 7 | 8 | 10 | 3 | 12 | 8 | 24 | 1 | 10 | 4 | ... | ... | 1 | ... |

TABLE XI.—Continued.

| OCCUPATION | TOTALS—ALL AGES | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | |
|---|-----------------|----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES—(continued). | | | | | | | | | | | | | | | | | | | | | | | | |
| 263. Constructional Engineers (not Professional), Steel Erectors, etc. | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 264. Cutlers | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 268. Edge Tool Grinders | 5 | 5 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 271. Press Workers and Stampers, Drawers (not Wire or Tube) ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| VIII.—TANNERS, ETC., LEATHER GOODS MAKERS, FUR DRESSERS. | | | | | | | | | | | | | | | | | | | | | | | | |
| 361. Boot and Shoe Makers and Repairers (not Factory) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| X.—MAKERS OF FOOD, DRINKS AND TOBACCO. | | | | | | | | | | | | | | | | | | | | | | | | |
| 420. Foremen, Overlookers—Food Manufacture | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XI.—WORKERS IN WOOD, CANE AND CORK. | | | | | | | | | | | | | | | | | | | | | | | | |
| 471. Cabinet Makers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 472. Carpenters, Joiners | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XII.—MAKERS OF AND WORKERS IN PAPER AND PAPERBOARD, BOOKBINDERS AND PRINTERS. | | | | | | | | | | | | | | | | | | | | | | | | |
| 526. Letterpress or Litho Printing Machine Minders and Setters ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XIV.—WORKERS IN BUILDING AND CONTRACTING. | | | | | | | | | | | | | | | | | | | | | | | | |
| 580. Foremen, Gangers | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 582. Builders' Labourers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 583. Bricklayers | 4 | 4 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 587. Glaziers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 589. Masons, Stone Cutters | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 593. Platelayers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 598. Other Skilled Workers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 599. Other Workers (mainly Navvies) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XV.—PAINTERS AND DECORATORS. | | | | | | | | | | | | | | | | | | | | | | | | |
| 609. Other Painters and Decorators | 5 | 5 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED). | | | | | | | | | | | | | | | | | | | | | | | | |
| 622. Managers in Engineering and Allied Trades | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 629. Managers in Other Industrial Undertakings | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |

TABLE XI.—Continued.

| OCCUPATION | TOTALS—ALL AGES | | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | |
|---|-----------------|-----|-----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| XXII.—PERSONS ENGAGED IN PERSONAL SERVICE. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 862. Proprietors and Managers of Restaurants ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 868. Restaurant and Refreshment Room Counter Hands ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 871. Hospital or Ward Orderlies, Attendants ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 879. Window Cleaners ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 880. Chimney Sweeps ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXIII.—CLERKS, TYPISTS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 890. Clerks (not elsewhere specified) ... | 8 | 8 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLERS. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 900. Warehousemen ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 901. Store Keepers ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 910. Stationary Engine Drivers—Underground in Mines ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 911. Stationary Engine Drivers—others ... | 5 | 5 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 912. Crane Drivers ... | 4 | 4 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 914. Slingers and Riggers ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 915. Boiler Firemen and Stokers ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 917. Gas Producer Men ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 931. Machine Minders—Engineering and Allied Trades ... | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Labourers and Other Unskilled Workers in : | | | | | | | | | | | | | | | | | | | | | | | | | |
| 935. Making of Bricks, Tiles, Pottery, etc. ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 940. Metal Working, Engineering, Electrical and Allied Trades ... | 45 | 45 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 950. All Other Industrial and Commercial Undertakings ... | 7 | 7 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXVII.—OTHER AND UNDEFINED WORKERS. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 979. All Other and Undefined Occupations ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 999. DEPENDANTS ... | 77 | 6 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| TOTALS ... | 316 | 243 | 71 | 4 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |

TABLE XII.—Deaths from Leukaemia of Sheffield Residents in the Year 1954, classified according to Occupation, Sex and Age Periods.

| OCCUPATION | TOTALS—ALL AGES | | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | | |
|--|-----------------|----|-----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|-----|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 156. Sheet Iron and Sheet Metal Workers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 259. Other Inspectors, Viewers, Testers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 654. Drivers of Horse-Drawn Vehicles | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 658. Drivers of Other Self-propelled Passenger Vehicles | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... |
| 659. Drivers of Self-propelled Goods Vehicles | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710. Proprietors, Managers of Wholesale Businesses | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 720. Proprietors, Managers of Retail Businesses for sale of Grocery, Provisions | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| 751. Bankers, Bank Managers, Inspectors, etc. | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 765. Solicitors | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 770. Trained Nurses, Midwives | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| XXII.—PERSONS ENGAGED IN PERSONAL SERVICE. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 872. Managers, Attendants of Baths and Washhouses | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XXIII.—CLERKS, TYPISTS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 890. Clerks (not elsewhere specified) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 940. Labourers in Metal Working, Engineering, etc., Trades | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | ... | ... | ... | ... | ... |
| 999. DEPENDANTS | 19 | 1 | 18 | ... | 3 | 1 | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | 3 | ... | 4 | ... | ... | 5 | ... | ... | 1 | ... |
| TOTALS | 34 | 16 | 18 | ... | 3 | 1 | ... | ... | ... | ... | ... | 1 | 1 | 2 | 1 | 3 | 3 | 1 | 4 | 6 | 5 | 2 | ... | ... | 1 | ... |

TABLE XIII.—Deaths from Ulcer of Stomach and Duodenum of Sheffield Residents in the Year 1954, classified according to Occupation, Sex and Age Periods.

| OCCUPATION | TOTALS—ALL AGES | | | Under 1 year | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | |
|--|-----------------|----|-----|--------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| | | | | | | | | | | | | | | | | | | | | | | | |
| II.—AGRICULTURAL, HORTICULTURAL AND FORESTRY OCCUPATIONS. | | | | | | | | | | | | | | | | | | | | | | | |
| 015. Other Gardeners | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... |
| III.—MINING AND QUARRYING OCCUPATIONS. | | | | | | | | | | | | | | | | | | | | | | | |
| 042. Hewers and Getters (by hand) | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | 1 | ... | ... | ... |
| VI.—WORKERS IN METAL MANUFACTURING, ENGINEERING AND ALLIED TRADES. | | | | | | | | | | | | | | | | | | | | | | | |
| 112. Foundry Foremen, Overlookers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| 122. Blast Furnacemen, Steel Melters and their Teams | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| 146. Forgemmen, Pressmen | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| 149. Other Skilled Smithy and Forge Workers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| 183. Machine Erectors, Millwrights, Maintenance Engineers | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| 243. Linemen and Cable Joiners | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| 264. Cutlers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| 268. Edge Tool Grinders | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| VIII.—TANNERS, ETC., LEATHER GOODS MAKERS, FUR DRESSERS. | | | | | | | | | | | | | | | | | | | | | | | |
| 371. Saddlers, Harness Makers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| IX.—MAKERS OF TEXTILE GOODS AND ARTICLES OF DRESS (NOT BOOTS AND SHOES). | | | | | | | | | | | | | | | | | | | | | | | |
| 383. Tailors | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| X.—MAKERS OF FOODS, DRINKS AND TOBACCO. | | | | | | | | | | | | | | | | | | | | | | | |
| 421. Grain Millers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| XI.—WORKERS IN WOOD, CANE AND CORK. | | | | | | | | | | | | | | | | | | | | | | | |
| 479. Other Sawyers, Turners, Wood Cutting Machinists | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XIV.—WORKERS IN BUILDING AND CONTRACTING. | | | | | | | | | | | | | | | | | | | | | | | |
| 584. Bricklayers' Labourers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 599. Other Workers (mainly Navvies) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XV.—PAINTERS AND DECORATORS. | | | | | | | | | | | | | | | | | | | | | | | |
| 609. Other Painters and Decorators | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED). | | | | | | | | | | | | | | | | | | | | | | | |
| 622. Managers in Engineering and Allied Trades | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | 1 | ... | ... | ... | ... | ... | ... |
| XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS. | | | | | | | | | | | | | | | | | | | | | | | |
| 652. Haulage and Cartage Contractors and Managers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| 700. Managers and Directors, other | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |

TABLE XIII—continued.

| OCCUPATION | TOTALS—ALL AGES | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | | |
|--|-----------------|-----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|-----|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| NVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proprietors, Managers of Retail Businesses for the sale of : | | | | | | | | | | | | | | | | | | | | | | | | | |
| 720. Grocery, Provisions | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 765. Solicitors | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| XX.—PERSONS EMPLOYED IN DEFENCE SERVICES. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 833. Watchmen | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| XXII.—PERSONS ENGAGED IN PERSONAL SERVICE. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 873. Barbers, Hairdressers, Manicurists | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| 874. Photographers (not Printing Trades) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| 878. Dry Cleaners, Carpet Cleaners | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 882. Chefs, Cooks | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| NXIII.—CLERKS, TYPISTS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 890. Clerks (not elsewhere specified) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XXIV.—WAREHOUSEMEN, STORE KEEPERS, PACKERS, BOTTLEERS. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 902. Warehouse and Store-keepers' Assistants (so returned) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 915. Boiler Firemen and Stokers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| 917. Gas Producer Men | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 931. Machine Minders—Engineering and Allied Trades | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| Labourers and Other Unskilled Workers in : | | | | | | | | | | | | | | | | | | | | | | | | | |
| 940. Metal Working, Engineering, etc., and Allied Trades | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| 950. All Other Industrial and Commercial Undertakings | 4 | 4 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | 2 | ... | ... | ... | ... | ... | ... |
| XXVII.—OTHER AND UNDEFINED WORKERS. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 979. All Other and Undefined Occupations | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| 999. DEPENDANTS | 14 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | 3 | ... | 4 | ... | 4 | ... | ... | 1 |
| TOTALS | 60 | 46 | 14 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7 | 1 | 10 | 3 | 11 | 15 | 4 | 1 | 1 | 1 |

TABLE XIV.—Continued.

| OCCUPATION | TOTALS—ALL AGES | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | |
|---|-----------------|----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|--|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| VIII.—TANNERS, ETC., LEATHER GOODS MAKERS, FUR DRESSERS. 361. Boot and Shoe Makers and Repairers (not Factory) ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| XI.—WORKERS IN WOOD, CANE AND CORK. 470. Foremen, Overlookers ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| 472. Carpenters, Joiners ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | |
| 473. Coach, Carriage, Van and Cart Builders ; Body Builders ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | |
| 476. Pattern Makers (Wood or undefined) ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | |
| XII.—MAKERS OF AND WORKERS IN PAPER AND PAPERBOARD, BOOKBINDERS, PRINTERS. 528. Printers (so returned) ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | |
| 533. Gold and Silver Blockers and Stampers ; Bronzers ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| XIII.—MAKERS OF PRODUCTS NOT ELSEWHERE SPECIFIED. 562. Piano Tuners ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| XIV.—WORKERS IN BUILDING AND CONTRACTING. 580. Foremen, Gangers ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| 583. Bricklayers ... | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| 584. Bricklayers' Labourers ... | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | |
| 585. Plasterers ... | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| 593. Platelayers ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | |
| 599. Other Workers (mainly Navvies) ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | |
| XV.—PAINTERS AND DECORATORS. 609. Other Painters and Decorators ... | 4 | 4 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED). 612. Local Authority Administrative and Executive Officers ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| 614. Secretaries and Registrars of Companies, Institutions and Charities ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| 615. Heads or Managers of Commercial and Industrial Office Departments ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | |
| 622. Managers in Engineering and Allied Trades ... | 8 | 8 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | ... | ... | ... | 1 | ... | ... | |
| 629. Managers in Other Industrial Undertakings ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | |

TABLE XIV.—Continued.

| OCCUPATION | TOTALS—ALL AGES | | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | | |
|---|-----------------|----|-----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|-----|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 631. Locomotive Engine Drivers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 634. Locomotive Running Shed Workers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 636. Signalmen | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 651. Car and Coach Hire Proprietors and Managers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 653. Inspectors and Foremen (not Horse Foremen) | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 654. Drivers of Horse-drawn Vehicles | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 655. Drivers of Trams | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 657. Drivers of Buses and Coaches | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 658. Drivers of other Self-Propelled Passenger Vehicles | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 659. Drivers of Self-Propelled Goods Vehicles | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 661. Bus and Tram Conductors | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 701. Foremen, Supervisors | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 702. Postmen, Post Office Sorters | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 708. Porters (not elsewhere specified) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XVIII.—COMMERCIAL, FINANCIAL AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710. Proprietors, Managers of Wholesale Businesses | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 715. Commercial Travellers, Canvassers (not Dock, Insurance or Railway) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Proprietors, Managers of Retail Businesses for the Sale of : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 720. Grocery, Provisions | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 721. Greengrocery | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 722. Meat | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 726. Confectionery, Tobacco, Newspapers | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 728. General and Mixed Businesses | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 729. Other Non-Food Goods | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Salesmen, Shop Assistants Selling : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 739. Other Non-Food Goods | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 741. Roundsmen, Van Salesmen | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 743. Costermongers and Other Hawkers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 755. Insurance Agents and Canvassers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 766. Physicians, Surgeons, Registered Medical Practitioners | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 791. Surveyors | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 813. Officials of Political, Industrial and Trade Associations | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| XX.—PERSONS EMPLOYED IN DEFENCE SERVICES. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 822. Army-Commissioned Officers (effective) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 839. Other Occupations | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |

TABLE XIV.—Continued.

| OCCUPATION | TOTALS—ALL AGES | | Under 1 year | | 1 & under 15 years | | 15 & under 20 years | | 20 & under 25 years | | 25 & under 35 years | | 35 & under 45 years | | 45 & under 55 years | | 55 & under 65 years | | 65 & under 75 years | | 75 & under 85 years | | 85 years & upwards | |
|---|-----------------|-----|--------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|--------------------|-----|
| | Totals | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| XXI.—PERSONS PROFESSIONALLY ENGAGED IN ENTERTAINMENT AND SPORT. | | | | | | | | | | | | | | | | | | | | | | | | |
| 848. Racehorse and Greyhound Trainers, Jockeys, etc. | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XXII.—PERSONS ENGAGED IN PERSONAL SERVICE. | | | | | | | | | | | | | | | | | | | | | | | | |
| 862. Proprietors and Managers of Restaurants | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 865. Publicans, Beersellers, Inn Keepers | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 871. Hospital or Ward Orderlies, Attendants | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 874. Photographers (not Printing Trades) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 875. Caretakers, Office Keepers | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 879. Window Cleaners | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 883. Kitchen Hands | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 888. Others in Personal Service | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XXIII.—CLERKS, TYPISTS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | |
| 890. Clerks (not elsewhere specified) | 6 | 6 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XXIV.—WAREHOUSEMEN, STORE KEEPERS, PACKERS, BOTTLEERS. | | | | | | | | | | | | | | | | | | | | | | | | |
| 900. Warehousemen | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 901. Store Keepers | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 909. Other Packers and Bottles | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, ETC. | | | | | | | | | | | | | | | | | | | | | | | | |
| 910. Stationary Engine Drivers—Underground in Mines | 1 | 1 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 912. Crane Drivers | 7 | 7 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 915. Boiler Firemen | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED). | | | | | | | | | | | | | | | | | | | | | | | | |
| 930. Assemblers (not elsewhere specified) | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 931. Machine Minders—Engineering and Allied Trades | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| Labourers and Other Unskilled Workers in : | | | | | | | | | | | | | | | | | | | | | | | | |
| 935. Making of Bricks, Tiles, Pottery, etc. | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 937. Chemical and Allied Trades | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 938. Coke Ovens and Gas Works | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 940. Metal Working, Engineering, Electrical and Allied Trades | 27 | 27 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | 4 | ... | ... | ... | ... | ... |
| 950. All Other Industrial and Commercial Undertakings | 6 | 6 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | ... | ... | ... | ... | ... |
| XXVII.—OTHER AND UNDEFINED WORKERS. | | | | | | | | | | | | | | | | | | | | | | | | |
| 973. Rag, Bone, Bottle, etc., Sorters | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 974. Other Civil Service Officials (not Clerks) | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| 979. All Other and Undefined Workers | 2 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| DEPENDANTS | 29 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7 | ... | 5 | ... | ... |
| TOTALS | 261 | 231 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | 14 | 1 | 42 | 6 | 79 | 11 | 76 | 7 | 19 | 5 | ... | ... |

ACUTE RHEUMATISM REGULATIONS, 1947-1953.

" . . . rheumatic diseases do abound."—William Shakespeare (A Midsummer Night's Dream).

The Acute Rheumatism Regulations, originally made in 1947 for a trial period of three years, were continued in 1950 and, after lapsing for a short period, were again renewed as from 15th January, 1954. Certain selected areas of the country, of which Sheffield is one, have therefore been able to increase their experience of the notification of this disease in children up to 16 years of age. On balance, it appears that a useful purpose has been served, and most general practitioners agree that the facilities provided for expert diagnosis, care and after care, have been valuable.

The following table gives particulars of the annual notifications of Acute Rheumatism since the introduction of the Regulations in 1947 :—

TABLE XV.—*Notifications of Acute Rheumatism in Sheffield, 1947-54.*

| 1947 (from Oct. 1st) | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 (to Sept. 30th) | 1954 (from 15th Jan). | Total |
|-------------------------|-----------|---------|---------|---------|---------|----------------------------|-----------------------------|-----------|
| 71 (65) | 143 (116) | 52 (44) | 91 (72) | 30 (27) | 39 (31) | 68 (59) | 37 (33) | 531 (447) |

(Figures in brackets represent number confirmed out of the total notifications).

During 1954, 37 cases of acute rheumatism were notified and, following investigation, 33 of these were accepted as definite cases. Many of them were severe cases, with heart complications, and chorea was diagnosed in six cases compared with 17 cases in 1953.

A tabulated statement of cases notified during 1954, by age, sex and clinical classification is given in the following Table :—

TABLE XVI.—*Tabulation by Age, Sex and Clinical Classification of Cases notified as Acute Rheumatism in the year 1954.*

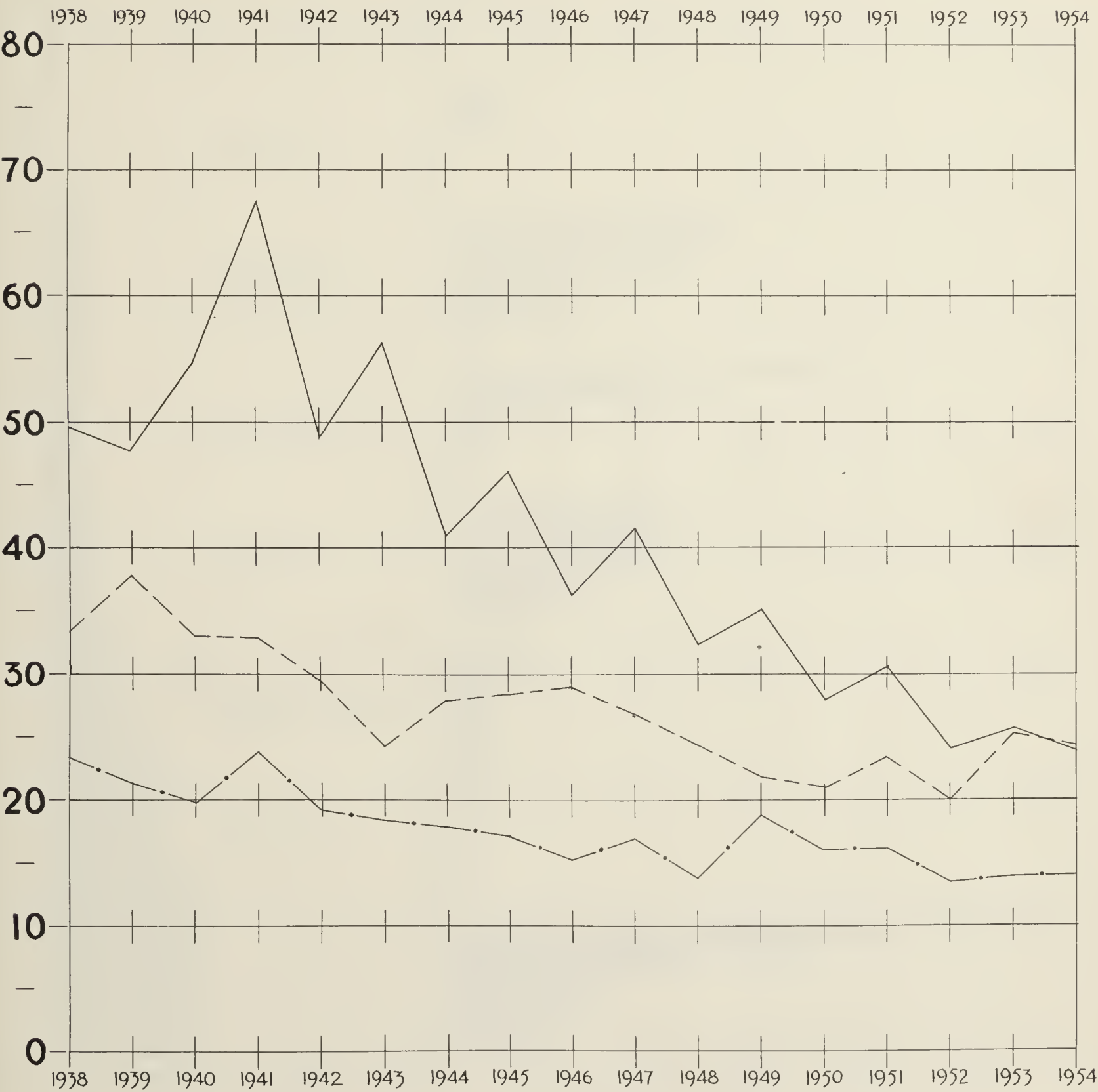
| CLINICAL CLASSIFICATION OF CASE NOTIFIED | AGE IN YEARS | | | | | | | | Total all ages | | Total both sexes |
|---|--------------|---|-----|---|-------|----|-----|---|-------------------|----|------------------------|
| | 0—4 | | 5—9 | | 10—14 | | 15+ | | | | |
| | M | F | M | F | M | F | M | F | M | F | |
| I. Rheumatic pains and/or Arthritis without heart disease | — | — | — | 5 | 1 | 3 | — | — | 1 | 8 | 9 |
| II. Rheumatic Heart Disease (active)— | | | | | | | | | | | |
| (a) with polyarthritis ... | — | — | 1 | 1 | 6 | 2 | — | 2 | 7 | 5 | 12 |
| (b) with chorea | — | — | — | 1 | — | — | — | — | — | 1 | 1 |
| (c) with no other rheu- matic manifestations... | — | — | — | — | 1 | 2 | 2 | — | 3 | 2 | 5 |
| III. Rheumatic Heart Disease (Quiescent) | — | — | — | — | — | — | — | — | — | — | — |
| IV. Rheumatic Chorea (alone) | — | 1 | — | 1 | 1 | 3 | — | — | 1 | 5 | 6 |
| TOTAL RHEUMATIC CASES ... | — | 1 | 1 | 8 | 9 | 10 | 2 | 2 | 12 | 21 | 33 |
| V. Congenital Heart Disease | — | — | — | — | — | — | — | — | — | — | — |
| VI. Other non-rheumatic heart disease or disorder... | — | — | — | — | — | — | — | — | — | — | — |
| VII. Not rheumatic or cardiac disease | 1 | — | 1 | 1 | 1 | — | — | — | 3 | 1 | 4 |
| TOTAL NON-RHEUMATIC CASES | 1 | — | 1 | 1 | 1 | — | — | — | 3 | 1 | 4 |

STILLBIRTHS AND INFANT MORTALITY

INFANT MORTALITY RATE
DEATHS UNDER 1 YEAR
PER 1,000 LIVE BIRTHS.
SHEWN

STILLBIRTH RATE
PER 1,000 LIVE AND STILLBIRTHS.
SHEWN

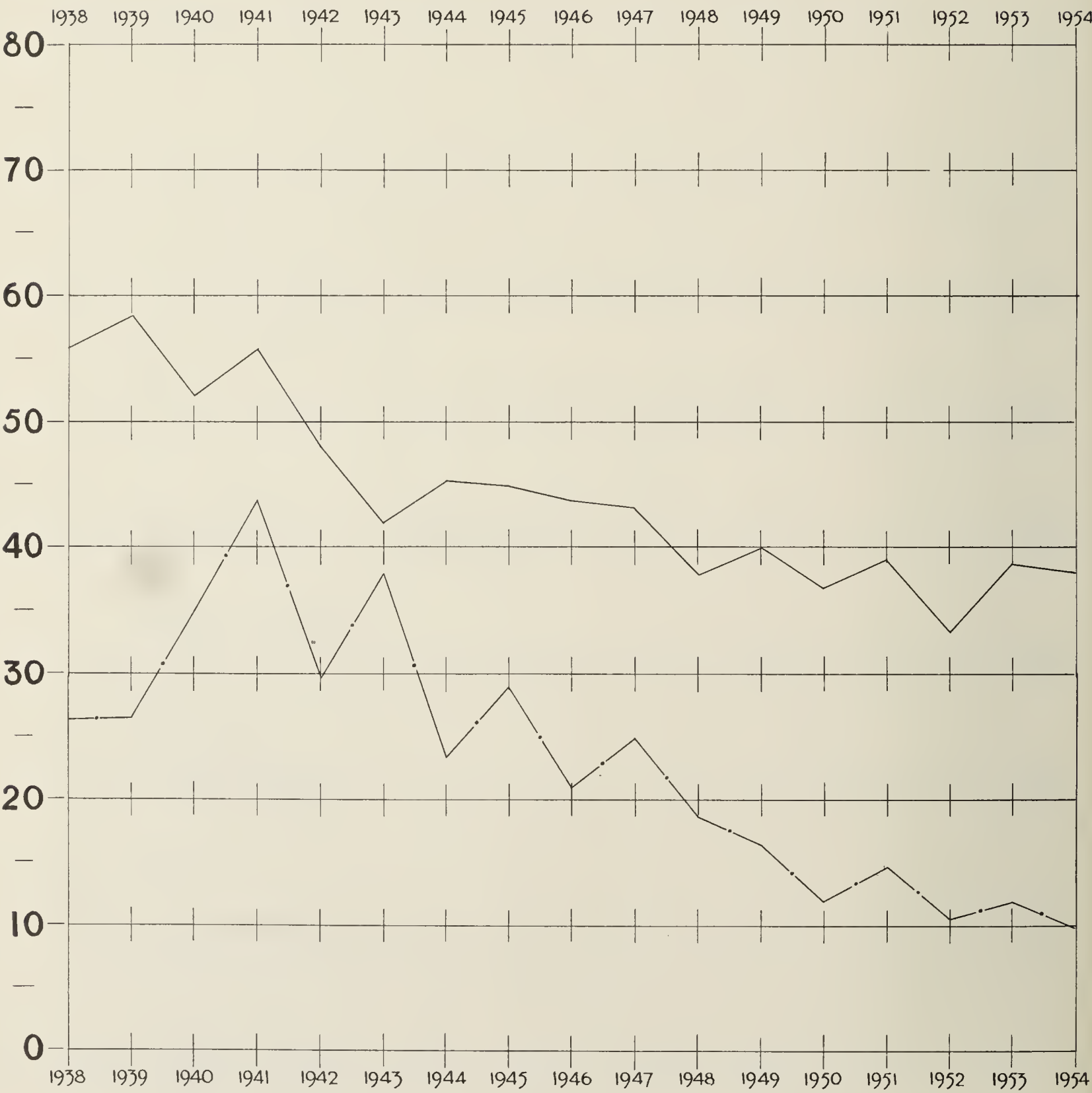
DEATHS UNDER 1 WEEK
PER 1,000 LIVE BIRTHS.
SHEWN



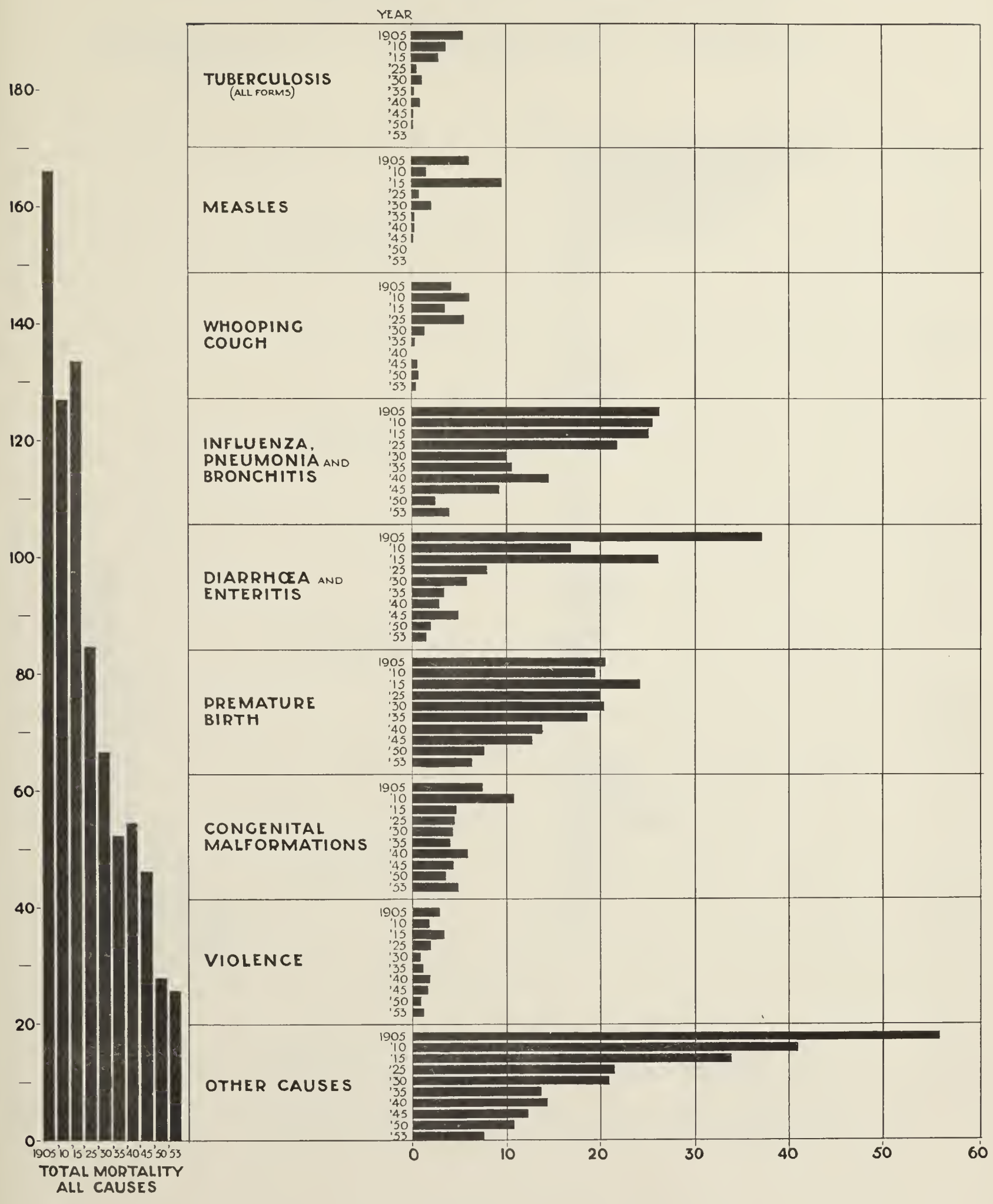
STILLBIRTHS AND INFANT MORTALITY

STILLBIRTHS AND DEATHS UNDER 1 WEEK
PER 1,000 LIVE AND STILLBIRTHS.
SHEWN

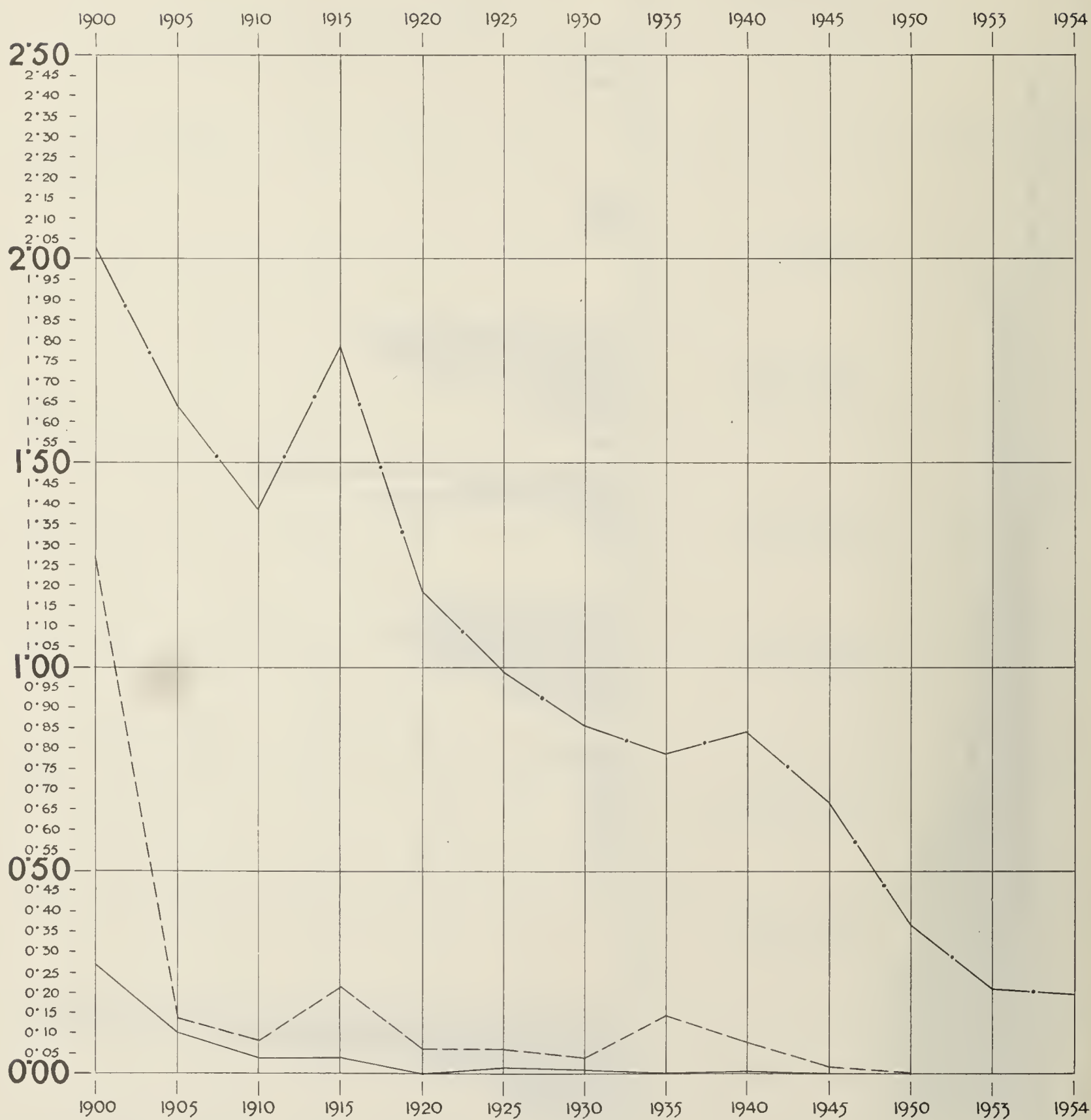
DEATHS BETWEEN 1 WEEK AND 1 YEAR
PER 1,000 LIVE BIRTHS.
SHEWN



INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS FROM CERTAIN CAUSES IN STATED YEARS

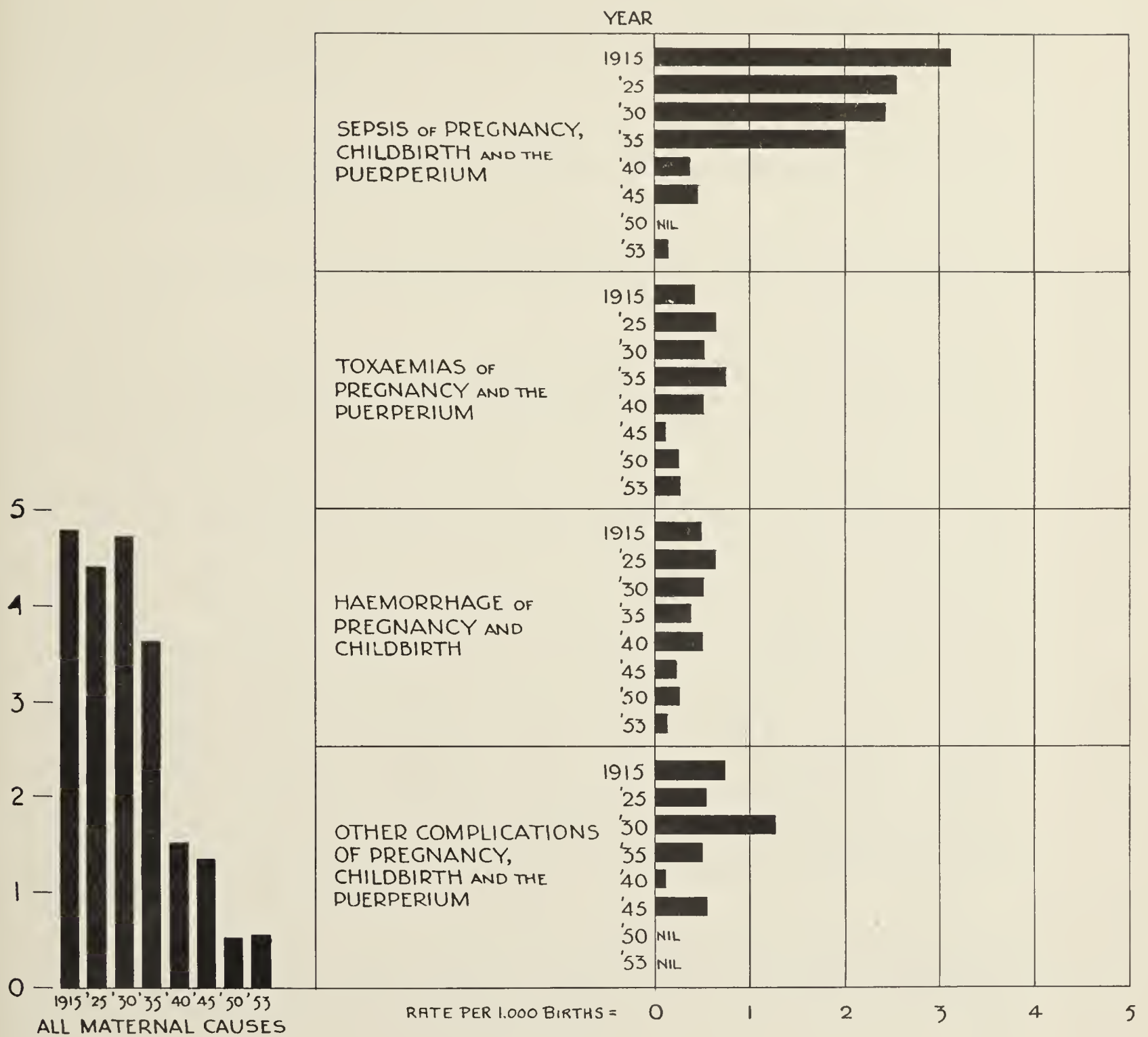


DEATH RATE PER 1,000 POPULATION

DIPHTHERIA
SHOWNENTERIC FEVERS
SHOWNTUBERCULOSIS
(ALL FORMS)
SHOWN

MATERNAL MORTALITY

(EXCLUDING ABORTION)



NOTE:- DEATHS FOR THE YEARS PRIOR TO 1950 HAVE BEEN COMPILED ON THE BASIS OF THE INTERNATIONAL STATISTICAL CLASSIFICATION, SIXTH REVISION, WHICH WAS INTRODUCED IN THE YEAR 1950.

THE RATES PRIOR TO 1935 ARE BASED ON LIVE BIRTHS ONLY; THOSE FOR 1935 ONWARDS ARE BASED ON TOTAL (LIVE AND STILL) BIRTHS.

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

"The young child and his mother."—Matthew, 2, 13.

In the administration of the Maternity and Child Welfare Services there were three principal Municipal clinics at 31st December, 1954, these being the City Maternity and Child Welfare Centre at Orchard Place and the Firth Park and Manor Centres. There were also 15 subsidiary Centres located at suitable points so that, as far as was practicable, they covered the City. In addition, there were two General Welfare Centres at Parson Cross and Broadfield Road, which are used at different times for Maternity and Child Welfare Work, handicapped children, mentally defective children and handicapped adults.

The total number of children under five years of age attending the various clinics in 1954 was 15,853, as compared with 16,475 in 1953. Details of attendances at the various clinics are shown in the appropriate section of the report.

An aggregate of 5,300 expectant mothers attended during the year at the ante-natal clinics provided at these Maternity and Child Welfare Centres. This compares with an aggregate of 5,546 in 1953.

There are also ante-natal clinics at the City General and Nether Edge Hospitals administered by the Regional Hospital Board. When arrangements have been made for an expectant mother to have her confinement in the City General Hospital, her records are transferred to the ante-natal clinic there about the 36th week of pregnancy, and her continued ante-natal care is the responsibility of the medical staff at the Hospital. In certain cases, where there is a medical or obstetrical abnormality present requiring ante-natal treatment, the patient is transferred to the City General Hospital early in pregnancy. Towards the end of the year arrangements were made for primiparæ who were booked for admission to the Nether Edge Maternity Hospital to be transferred to the hospital for the 36th week examination, and in certain cases expectant mothers continued attendance at the hospital ante-natal session until term, but the remainder were returned for clinic supervision. The Hospitals and the Maternity and Child Welfare Centre work together as a unit in the care of expectant mothers, and cases defaulting in attendance at the hospital or for some reason requiring to be followed up are referred back to the Centre. The 1954 figures of attendances at the Council's clinics included 1,316 expectant mothers whose confinements were arranged to take place in the City General Hospital, as compared with 1,094 women during 1953. There were nine expectant mothers transferred to Nether Edge Hospital for ante-natal supervision for teaching purposes, and 24 for the 36th week examination. In addition there is an ante-natal clinic at the Jessop Hospital for Women.

There is a great demand for hospital confinement at the present time, largely because of the difficulties encountered by expectant mothers in making the necessary domestic arrangements for confinement at home, especially when living in rooms or other shared accommodation. There are also apparently certain financial advantages available.

Expectant mothers who arrange for home confinement and engage the services of a municipal midwife are requested to continue attendance at the clinic at which their booked midwife is present, so that each midwife can keep her patients under ante-natal supervision as is required under the Rules of the Central Midwives Board. Full records are kept by the midwife and, together with records of the labour and puerperium, are returned to the centre for future reference.

Many expectant mothers are sent to the clinic by their registered medical practitioners for ante-natal supervision, and co-operation between the medical practitioner and the clinic is maintained by informing him, or referring the case to him, when any of his booked expectant mothers develop abnormalities of pregnancy. The medical practitioner is also given information as to the Rhesus Factor of every patient who attends the clinic, and it is the intention to integrate all the aspects of Care of the Mother into the best arrangement so as to give the maximum assistance to the mother and the midwife or doctor who is responsible for the actual confinement.

The following statement, which has been furnished by the Sheffield Regional Hospital Board, gives information with regard to confinements of Sheffield women which took place in 1954 in the Maternity Hospitals which have been transferred from the administration of the City Council to that of the Board. Information is also included which has been furnished by the Jessop Hospital.

| Year 1954 | City General Hospital | Nether Edge Hospital | Jessop Hospital for Women |
|--|--------------------------|-------------------------|------------------------------|
| Number of women whose confinements took place in the hospital | 1,757 | 906 | 1,267 |
| Number of live births resulting from these confinements | 1,689 | 906 | 1,249 |
| Number of still births resulting from these confinements | 90 | 12 | 42 |

NOTIFICATION OF BIRTHS.

Compulsory notification of births is a requirement under the Public Health Act, 1936. Notifications of 7,492 live births and 229 still births, making a total of 7,721 births, were received in the year 1954. These births were attended as follows :

At Home—

| | |
|--|-------|
| By Private Medical Practitioners | 1,407 |
| By Midwives | 1,503 |
| | <hr/> |
| In Nursing Homes | 290 |

In Hospitals—

| | |
|---|-------|
| City General Maternity Hospital | 1,799 |
| Nether Edge Maternity Hospital | 980 |
| Jessop Hospital for Women | 1,742 |
| | <hr/> |
| | 4,521 |
| | <hr/> |
| TOTAL .. | 7,721 |
| | <hr/> |

It should be explained that the obligation to notify applies to all births occurring in the City, whether amongst Sheffield residents or otherwise, and that the foregoing figures, therefore, contain a certain proportion of births relating to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

During the year there has been a slight decrease in the birth rate, the number of notified births in 1954 being 7,721 as compared with 7,840 in 1953. Since the National Health Service came into being there has been a tendency for expectant mothers to engage their own medical practitioners for confinement, which can be undertaken or supervised by a doctor free of charge to the mother. This is a matter which has been felt to be desirable for many years, and it is the aim of the ante-natal clinic to reinforce and assist the doctor to give the maximum care to the mother.

MATERNITY CLINICS.

BY ANN KIRK BLACK, M.B., CH.B.

Senior Assistant Maternity and Child Welfare Medical Officer.

Ante-natal Clinics.—Ante-natal sessions are held at thirteen of the Maternity and Child Welfare Centres and, during the year, 2,202 sessions were held and patients made 35,171 attendances (giving an average of 16·0 per session), as compared with 36,612 and a sessional average of 17·0 in 1953. A total of 4,159 women attended for the first time, as compared with 4,472 in 1953.

Expectant mothers attending the clinics may need admission to the maternity units at the City General and Nether Edge Hospitals, in accordance with arrangements made with the Sheffield Regional Hospital Board. First priority is given to patients who require admission on medical and obstetric grounds ; consideration is then given to patients for whom admission is requested on sociological grounds. The Health Visitors and Midwives give assistance in the determination of need for hospital treatment on sociological grounds by visiting the homes, and reporting on

the suitability of the house for confinement arrangements. There is close association between the two hospitals and the Council's ante-natal clinics with regard to the admission of patients, both for treatment of ante-natal conditions which arise while patients are under the care of the clinic, and for confinement.

It is the practice, at the Maternity and Child Welfare Centre ante-natal clinics, for a Health Visitor to be in attendance with the Medical Officer at the examination of patients. In order that the Municipal Midwives may fulfil their duties under the Central Midwives' Board rules, they attend ante-natal sessions to see their own patients. It is only possible to arrange for attendance in the afternoons as the midwives are out visiting their cases in the mornings. This scheme is working well and is of value as an additional link between the district midwife, the clinic and the expectant mother.

Ante-natal patients attending the clinic are always under the supervision of a doctor.

The figures below show attendances at the various Centres, and include certain cases later transferred to the ante-natal clinics at the City General and Nether Edge Hospitals.

ATTENDANCES AT ANTE-NATAL CLINICS.

| Centre | | | Total New Cases | | Total Attendances of all Cases | | † No. of Sessions | | Average Attendances per Session |
|---------------|----|----|-----------------------|----|--------------------------------------|----|----------------------|----|---------------------------------------|
| Orchard Place | .. | .. | 3,420 | .. | 14,556 | .. | 815 | .. | 18 |
| Firth Park | .. | .. | 320 | .. | 4,081 | .. | 253 | .. | 16 |
| Manor | .. | .. | 419 | .. | 4,860 | .. | 258 | .. | 19 |
| Broadfield | .. | .. | — | .. | 1,374 | .. | 103 | .. | 13 |
| Broomhill | .. | .. | — | .. | 492 | .. | 52 | .. | 9 |
| Burngreave | .. | .. | — | .. | 1,810 | .. | 97 | .. | 19 |
| Carbrook | .. | .. | — | .. | 1,093 | .. | 153 | .. | 7 |
| Darnall | .. | .. | — | .. | 2,043 | .. | 103 | .. | 20 |
| Hillsborough | .. | .. | — | .. | 2,791 | .. | 204 | .. | 14 |
| Parson Cross | .. | .. | — | .. | 151 | .. | 15 | .. | 10 |
| Tinsley | .. | .. | — | .. | 421 | .. | 50 | .. | 8 |
| Woodhouse | .. | .. | — | .. | 343 | .. | 49 | .. | 7 |
| Wybourn | .. | .. | — | .. | 1,156 | .. | 50 | .. | 23 |
| TOTALS | .. | .. | 4,159 | .. | 35,171 | .. | 2,202 | .. | 16·0 |

† In certain instances these are part sessions only, relating to combined ante-natal and infant welfare clinics.

Comparative figures of new cases and attendances at the ante-natal clinics at the Maternity and Child Welfare Centres during the last five years are given in the following statement :—

| Year. | | | | | New Cases. | | Total Attendances of all Cases. |
|-------|----|----|----|----|------------|----|------------------------------------|
| 1950 | .. | .. | .. | .. | 4,420 | .. | 32,552 |
| 1951 | .. | .. | .. | .. | 4,508 | .. | 34,739 |
| 1952 | .. | .. | .. | .. | 4,429 | .. | 35,268 |
| 1953 | .. | .. | .. | .. | 4,472 | .. | 36,612 |
| 1954 | .. | .. | .. | .. | 4,159 | .. | 35,171 |

Post-natal Clinics.—During the year every effort has been made to encourage mothers to attend the post-natal clinics. Patients leaving Nether Edge Hospital after confinement are given information as to the days and times of the clinics held at the Maternity and Child Welfare Centres, and advised regarding the value of post-natal examination six weeks after the confinement. The midwives also invite their patients to attend one of these clinics for examination. The attendances in 1954 were 2,125, as against 2,249 for 1953. Certain patients delivered in the City General Hospital receive their post-natal supervision at the Hospital; others are referred to the Maternity and Child Welfare Centres. Medical practitioners are now required to give this service to their patients about the sixth week after confinement.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1954 :—

ATTENDANCES AT POST-NATAL CLINICS.

| Centre | | | | Total New Cases | Total Attendances of all Cases | No. of Sessions |
|---------------|----|----|----|-----------------------|--------------------------------------|--------------------|
| Orchard Place | .. | .. | | 860 | 1,303 | 140 |
| Firth Park | .. | .. | .. | 160 | 300 | 126 |
| Manor | .. | .. | .. | 269 | 468 | 172 |
| Darnall.. | .. | .. | .. | 31 | 45 | 19 |
| Woodhouse | .. | .. | .. | 9 | 9 | 5 |
| | | | | <hr/> | <hr/> | <hr/> |
| TOTALS | .. | .. | | 1,329 | 2,125 | 462 |
| | | | | <hr/> | <hr/> | <hr/> |

Birth Control Clinics.—230 new cases attended the Birth Control Clinics during the year, and 627 attendances were made.

Laboratory Tests.—It is part of the routine work of the ante-natal clinics to take samples of blood from all patients for the Wassermann and Rhesus tests.

Wassermann Tests.—These are carried out at the Public Health Laboratory, and, during the year, 4,250 specimens were examined. In addition, seven Kahn tests were carried out. There were five new cases of expectant mothers with a positive Wassermann result, as compared with five in 1953. When an expectant mother was found to have a positive WR and Kahn reaction she was referred to the special clinic at the City General Hospital under the care of Dr. Campbell, the Venerealogist, for confirmation and treatment if required.

The Rhesus Factor.—Everyone belongs to one of the four blood groups, namely : A, B, O or AB, and this is due to the presence of certain substances in the red blood cells. In addition, there is another substance, known as the Rhesus Factor, which is found in the red blood cells of approximately 85 of every 100 persons of each blood group. Such people are said to be Rhesus positive, while the remaining 15 persons are described as Rhesus negative.

The existence of the Rhesus factor in the blood was first discovered in 1941. These factors are inherited from parents in a similar manner to the inheritance of the colour of the eyes and hair.

When a mother requires blood transfusion, it is essential that compatible blood be given—which means that the blood donor must be of the same blood group and Rhesus type as the mother.

The Rhesus factor is of importance in midwifery. If the mother and father are both Rhesus negative, any child born can only be Rhesus negative and no difficulty arises. If the mother is Rhesus positive and the father is Rhesus negative, then the child suffers no ill effect ; but, if the mother is Rhesus negative and the father Rhesus positive, the child may be Rhesus positive, and difficulty may occur. The effect in this case is that incompatible substances may be manufactured by the mother, because of the action of the Rhesus positive factor in the blood of the foetus, and these incompatible substances may then pass from the mother to the child and destroy the child's blood corpuscles—giving rise to a very severe type of anæmia and dropsy in the baby.

A similar type of difficulty may arise if a Rhesus negative mother is transfused with Rhesus positive blood. The resulting antibodies may affect a child of a subsequent pregnancy.

When a “ Rhesus baby ” is born and is found to be suffering from anæmia or jaundice, an exchange transfusion of blood is given ; a measured volume of blood is drained from the cord and immediately replaced with Rhesus negative blood obtained from a Rhesus negative blood donor. Two cases were transferred to Mr. Patrick's clinic at the Jessop Hospital for cortisone therapy in the hope of obtaining a live child ; one baby died at eight minutes after birth and the other had an exchange transfusion and the child is living. The mother of the child who died was a para 6 and only her first child is living. In the other case the mother was a para 3, her first child is living, the second died of Rhesus incompatibility, and the third is alive after replacement transfusion, and cortisone treatment for the mother.

During the year 1954 there were 4,279 specimens of blood sent from the ante-natal clinics to the National Blood Transfusion Laboratory for the ascertainment of the Rhesus factor. These samples were mostly from expectant mothers, but in a number of negative cases a sample was sent from the husband.

In multiparous cases with a negative Rhesus factor, a further sample is required by the Blood Transfusion Laboratory at about the 32nd week of pregnancy, and, in a number of these cases, another sample is required from mother and baby on delivery. The district midwives have received instructions in the collection of these samples during attendance at confinement.

In special cases a further sample from the mother is requested during the first post-natal month and a report on the clinical condition of the baby is also sent to the Blood Transfusion Service.

All expectant mothers are supplied with cards showing their blood grouping and Rhesus factor so that, on admission to hospital at any time, they can supply the hospital with information which would be of value in case of need for blood transfusion.

There were 719 Rhesus negative reports on patients who were due for confinement in 1954 and who, at some time during their pregnancy, had attended the ante-natal clinic. 24 of these Rhesus negative cases (or 3·3 per cent.) had an antibody present which necessitated hospital confinement on account of the possibility of the baby suffering from hæmolytic disease of the newborn. 23 of these patients had normal confinements, and one left the City. 22 of the 23 mothers had full-time confinements and one had a premature confinement. There were 21 children born alive and two were stillborn. Of the 21 children born alive, one died of hæmolytic disease of the newborn. Of the 20 remaining children, six received an exchange blood transfusion and the condition of the other 14 was satisfactory and a blood transfusion was not required. All 20 children were discharged well. These figures include the two children born at the Jessop Hospital, to which the mothers were transferred for cortisone treatment.

Miscellaneous Tests.—The Public Health Laboratory carried out further tests as required in connection with clinic work relating to the care of mother or child, namely : examination of 97 swabs and samples (ear, nose, throat, etc.), 15 smears (cervix and urethra) and two faeces samples ; 261 specimens of urine were also examined for organisms, and 22 Hogben tests were carried out for ascertainment of pregnancy.

The Laboratory at the Firth Auxiliary Hospital, Norton, carried out 110 Zondek Ascheim tests for ascertainment of pregnancy.

There were 688 tests carried out at the City General Laboratories in respect of patients sent from the Centres for blood count and hæmoglobin estimation.

Maternity Patients and Hospital Treatment.—In addition to patients sent to the City General and Nether Edge Maternity Hospitals for ante-natal treatment when necessary, and for confinement, 506 patients were referred from the Maternity and Child Welfare Centre to the City General Hospital or Nether Edge Hospital for X-ray examination. There were also 303 who were sent from the Centres for dental treatment, the majority to the School Dental Clinic under arrangements between the Health and Education Committees, but, in emergency, a few to the Charles Clifford Dental Hospital. 84 expectant and nursing mothers were referred to their private medical practitioners for treatment.

There were 237 expectant mothers attending the clinic who had been examined and X-rayed at the Chest Clinic. Of the mothers delivered in 1954, there were three cases of positive tuberculosis of the lung, 48 cases of negative or quiescent tuberculosis of the lung, and 89 who were in contact with a person suffering from positive tuberculosis. Of the 51 positive and negative mothers, 47 had normal confinements, three had forcep deliveries, and one had an abortion, resulting in 51 babies born alive (including one set of twins) ; 44 of these children received B.C.G. vaccination. Of the 89 mothers who were in contact with a case of tuberculosis, 55 children were given B.C.G. vaccination.

Medical Supervision of Children in the Homes.—A Medical Officer from the Maternity and Child Welfare Centre visits Homes which are under the control of the Children's Department, for the purpose of medical inspection of the children. Visits are paid weekly to the Fulwood Cottage Homes, The Grove Reception Centre and The Moss Residential Nursery at Dore, and monthly visits are paid to Thornseat Lodge, Bradfield. All children under five years of age receive a medical examination every three months, and on each visit to the Homes the Medical Officer examines all children admitted since her previous visit.

The Children's Department refers all cases of young children boarded-out to foster parents in the City to the Medical Officer at the Maternity and Child Welfare Centre, who arranges for the children to attend the Centre once a year for a full medical examination. The foster mothers are encouraged to attend the Child Welfare clinics regularly.

Special Certificates for Expectant Mothers.—During the year 1954, the supply of certificates to enable expectant mothers to obtain welfare foods and vitamins was continued.

INFANT WELFARE CLINICS.

At the present time, there are 20 Maternity and Child Welfare Centres operating in the city. The three main centres are :—The Central Clinic, Orchard Place ; the Firth Park Centre, North Quadrant ; and the Manor Centre, Ridgeway Road. The remaining 17 Centres are improvised premises, seven of which are in Church buildings, two are accommodated in the City Libraries at Hillsborough and Walkley, one shares premises with a Nursing Association and one with a Youth Centre, one is accommodated in a Public Hall, one is a house belonging to the Corporation, which has been adapted for clinic purposes, one is a Church building purchased by the Corporation and adapted for clinic purposes, one clinic is held in a Tote Centre, and the remaining two are premises which have been adapted during the year for general welfare services.

The days and times of opening are as follows :—

| Centre | Clinic Days and Times | Services provided |
|---------------|---|--|
| Orchard Place | Daily 9 a.m. and 1.30 p.m. (except Saturday afternoon) | Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments clinics. Sunray and Massage clinics. Diphtheria and Whooping Cough Immunisation and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics. |
| Firth Park | Do. | Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments clinics. Sunray and massage clinics. Diphtheria and Whooping Cough Immunisation and Vaccination sessions. Ante-natal and post-natal clinics. |
| Manor | Do. | Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments clinics. Sunray and massage clinics. Diphtheria and Whooping Cough Immunisation, and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics. |
| Woodhouse | Tuesday } Thursday } 2 p.m. | Infant Consultations. Medical Inspection of pre-school children. Diphtheria and Whooping Cough Immunisation sessions. Ante-natal and post-natal clinics. |
| Darnall | Monday 9.30 a.m. and 2 p.m. Thursday 2 p.m. Friday 9.30 a.m. and 2 p.m. | Do. |

| Centre | Clinic Days and Times | Services provided |
|--------------|--|--|
| Hillsborough | Monday 2 p.m. Tuesday } Thursday } 9.30 a.m. and 2 p.m. Friday 2 p.m. | Infant Consultations. Medical Inspection of pre-school children. Diphtheria and Whooping Cough Immunisation sessions. Ante-natal clinics. |
| Carbrook | Tuesday 2 p.m. Wednesday 9.30 a.m. and 2 p.m. Friday 9.30 a.m. | Do. |
| Broadfield | Monday 9.30 a.m. and 2 p.m. Wednesday } Friday } 2 p.m. | Do. |
| Tinsley | Tuesday 2 p.m. | Do. |
| Wybourn | Tuesday } Wednesday } 2 p.m. | Do. |
| Burngreave | Monday 9.30 a.m. Tuesday 2 p.m. Thursday 9.30 a.m. and 2 p.m. | Do. |
| Broomhill | Tuesday } Wednesday } 2 p.m. Thursday 9.30 a.m. and 2 p.m. | Do. |
| Parson Cross | Wednesday } Thursday } 9.30 a.m. and 2 p.m. | Do. |
| Walkley | Monday } Wednesday } 2 p.m. Friday } | Infant Consultations. Medical Inspection of pre-school children. Diphtheria and Whooping Cough Immunisation sessions. |
| Handsworth | Tuesday } Friday } 2 p.m. | Do. |
| Chantrey | Wednesday 9.30 a.m. and 2 p.m. | Do. |
| Totley | Thursday 2 p.m. | Do. |
| Endcliffe | Tuesday 9.30 a.m. and 2 p.m. Friday 2 p.m. | Do. |
| Dore | Thursday 9.30 a.m., (alternate weeks) | Do. |
| Greenhill | Monday 2 p.m. | Do. |

Infant consultations are held whenever the clinics are open, except on Saturday mornings ; diphtheria and whooping cough immunisation is also carried out whenever the clinics are open, including Saturday mornings. The vaccination clinic is held on Saturday morning, by appointment, at the three main Centres. Sessions for the other services are held on appropriate days and times.

At the infant clinics, every baby is seen by the doctor on the first attendance. At several of the centres there is a doctor in attendance at the ante-natal session and a health visitor at the infant session, and the health visitor refers to the doctor all babies attending for the first time and any who are not making satisfactory progress. The other children attending the health visitor's session are seen by the doctor periodically. The doctor sees the babies three times in the first year and whenever the child is not making satisfactory progress.

Attendances at Infant Clinics.—During the year various sessions have been held at the Infant Welfare Centres, e.g., Infant consultations, at which doctors and health visitors were in attendance, sessions for minor ailments, and for the administration of ultra violet light to children referred from the infant clinics, and medical inspection clinics for pre-school children, which are popular with the mothers. Medical examination of children was also carried out prior to admission to the Health Committee's Day Nurseries, and in certain cases where the child did not appear in good health, or was a contact of a case of tuberculosis. In addition to child welfare sessions, Dr. E. G. Herzog, Orthopaedic Specialist and Superintendent of King Edward VII hospital, who is in the service of the Sheffield Regional Hospital Board, holds sessions for orthopaedic consultations and treatment at the three main Centres, namely, Orchard Place, Firth Park and Manor Centres.

The total attendances at the Infant Welfare clinics during 1954 were 97,048, and the figure is made up as follows :—

| | Attendances. |
|--|---------------|
| Infant Consultations | 64,116 |
| Minor Ailments | 1,128 |
| Ultra Violet Light Sessions | 19,330 |
| Medical Inspection clinics | 12,448 |
| Medical Inspection of Nursery Children | 26 |
| TOTAL .. | 97,048 |

In addition attendances were made at the various Immunisation and Vaccination clinics. In May, 1954, the Diphtheria Immunisation service was extended to include Whooping Cough Immunisation, and during the year there were 8,169 attendances at the clinics held at the various Centres, injections being given as follows :—combined diphtheria/whooping cough 5,702, whooping cough alone 925, and diphtheria immunisation 1,542. There were also 2,550 attendances at the vaccination clinic.

Infant Consultations.—Particulars follow of the attendances at the Infant Consultations which were held at the various clinics in the year 1954 :—

ATTENDANCES AT INFANT CONSULTATIONS.

| Centre. | Infant Consultations. | | Total Attendances | Number of Sessions | Average Attendance per Session |
|-----------------------|-----------------------|----------------------|-------------------|--------------------|--------------------------------|
| | Under 1 yr. | 1 to 5 yrs. and over | | | |
| Orchard Place | 5,175 | 742 | 5,917 | 261 | 23 |
| Firth Park | 7,664 | 2,012 | 9,676 | 506 | 19 |
| Manor | 8,268 | 2,461 | 10,729 | 574 | 19 |
| Broadfield | 2,874 | 381 | 3,255 | 149 | 22 |
| Broomhill | 2,407 | 522 | 2,929 | 152 | 19 |
| Burngreave | 3,169 | 453 | 3,622 | 152 | 24 |
| Carbrook | 2,650 | 353 | 3,003 | 154 | 19 |
| Chantrey | 1,726 | 413 | 2,139 | 104 | 21 |
| Darnall | 2,702 | 272 | 2,974 | 100 | 30 |
| Dore | 253 | 53 | 306 | 26 | 12 |
| Endcliffe | 2,448 | 528 | 2,976 | 153 | 19 |
| Greenhill | 710 | 161 | 871 | 48 | 18 |
| Handsworth | 1,478 | 210 | 1,688 | 100 | 17 |
| Hillsborough | 4,682 | 505 | 5,187 | 251 | 21 |
| Tinsley | 876 | 80 | 956 | 50 | 19 |
| Totley | 631 | 184 | 815 | 52 | 16 |
| Walkley | 2,007 | 226 | 2,233 | 107 | 21 |
| Woodhouse | 952 | 203 | 1,155 | 101 | 11 |
| Parson Cross | 2,344 | 307 | 2,651 | 104 | 25 |
| Wybourn | 947 | 87 | 1,034 | 52 | 20 |
| TOTALS | 53,963 | 10,153 | 64,116 | 3,196 | 20 |

New Cases attending Infant Consultations.—5,329 new cases attended during the year 1954 at the Infant Consultations, as follows :—

NEW CASES ATTENDING INFANT CONSULTATIONS.

| Centre. | | | | Under 1 yr. | | Over 1 yr. | | Totals. |
|-----------------|----|----|----|-------------|----|---------------|----|---------|
| Orchard Place.. | .. | .. | .. | 735 | .. | 41 | .. | 776 |
| Firth Park | .. | .. | .. | 651 | .. | 18 | .. | 669 |
| Manor .. | .. | .. | .. | 816 | .. | 36 | .. | 852 |
| Broadfield | .. | .. | .. | 297 | .. | 16 | .. | 313 |
| Broomhill | .. | .. | .. | 196 | .. | 7 | .. | 203 |
| Burngreave | .. | .. | .. | 310 | .. | 10 | .. | 320 |
| Carbrook | .. | .. | .. | 234 | .. | 11 | .. | 245 |
| Chantrey | .. | .. | .. | 109 | .. | 3 | .. | 112 |
| Darnall | .. | .. | .. | 247 | .. | 4 | .. | 251 |
| Dore .. | .. | .. | .. | 15 | .. | 4 | .. | 19 |
| Endcliffe | .. | .. | .. | 197 | .. | 13 | .. | 210 |
| Greenhill | .. | .. | .. | 75 | .. | 4 | .. | 79 |
| Handsworth | .. | .. | .. | 104 | .. | 4 | .. | 108 |
| Hillsborough | .. | .. | .. | 461 | .. | 16 | .. | 477 |
| Tinsley .. | .. | .. | .. | 70 | .. | 1 | .. | 71 |
| Totley .. | .. | .. | .. | 50 | .. | 5 | .. | 55 |
| Walkley | .. | .. | .. | 172 | .. | 2 | .. | 174 |
| Woodhouse | .. | .. | .. | 80 | .. | — | .. | 80 |
| Parson Cross | .. | .. | .. | 187 | .. | 2 | .. | 189 |
| Wybourn | .. | .. | .. | 121 | .. | 5 | .. | 126 |
| TOTALS | | | | 5,127 | .. | 202 | .. | 5,329 |

In addition there were 28 children who attended the Medical Inspection Clinics for the first time who had not previously attended the Infant Consultations.

Medical Inspection Clinics.—In the Maternity and Child Welfare Service one of the main aims has been to promote the well-being and health of the mother and child, to prevent ill-health of all types and to help towards the improvement or cure of physical defects found on examination of the young child. The medical inspection of pre-school children is carried out at all Maternity and Child Welfare Centres in the City. Detailed records of all medical examinations are collected and classified according to the clinics in the various districts of the City, and in age groups, as shown in the tables on the following pages. This periodic medical examination is carried out in six age groups, namely at one year, 18 months, two, three, four and four-and-a-half years, so that the children may receive six examinations before entering school.

The children are given an appointment at each birthday and in addition at 18 months and 4½ years. It was found of value to examine the children more frequently in the infant years, so that where any defect is found the child can be referred to the family doctor for full investigation and treatment as early as possible. Many mothers appreciate the medical inspection service and, in 1954, 12,448 examinations were carried out. At present the service is confined to those children who have at some time attended one of the child welfare centres. It gives the mother assurance to be able to discuss with the clinic medical officer her problems, such as questions of behaviour, feeding difficulties, temper tantrums or jealousies, which are troublesome to her, and about which she hesitates to consult the family doctor unless the child is really ill. There is no doubt that personal individual teaching is the most valuable method of imparting mothercraft advice.

The majority of the children were in good health and 8,434 children had no defect. The remaining 4,014 children showed one or more defects. In many cases the defect was trivial but worth noting, and the mother was advised how best to deal with the problem. The child suffering from a serious defect was referred to the family doctor for treatment. The children from all the child welfare centres and in all age groups were found to be very clean and infestation was practically nil. It was extremely rare to find a child attending the clinic with unsatisfactory clothing or footwear.

Nutrition. As a result of the assessment, nutrition was classified as very good, good, fair and poor. This classification was judged on clinical findings, and height and weight measurements. Since growth involves many factors, care must be taken in assessing the child's nutrition. Although the three-scale classification of good, fair and poor was recognised there were a number of children with nutrition well above the average of good, and only 74 children showed defective nutrition as compared with 154 in 1953. This result was satisfactory as the number of cases of active rickets, with slight deformity such as bowing of legs, has been markedly reduced in the last few years. There were 14 cases of active rickets as compared with 22 cases in 1953.

Dental Caries. On the whole, dental decay found in the pre-school children at the periodic examinations has remained fairly constant during the last two or three years, and in 12,448 inspections, 1,539 examinations showed children with several carious teeth. During the war years, inspection of children at the day nurseries showed a great improvement in dental caries and it was thought that the adequate and well balanced diet, with additional supplements of cod liver oil and orange juice supplied at the nurseries, contributed to this improvement. However, on the whole there is now a definite increase in dental caries and it is believed that this is largely due to the greatly increased consumption of sweets.

Skin Conditions were mild, mostly eczema and dermatitis, and these lesions tend to disappear as the infant grows older, so that by school age very few children suffer from eczema.

Throat conditions. In many cases tonsils and adenoids showed quite a marked enlargement from $2\frac{1}{2}$ years of age and this condition was often accompanied by enlarged cervical glands. On the whole both conditions usually show marked improvement as the child grows older and only 22 children in the total medical examinations had obstructing tonsils and adenoids. These children were referred to the family doctor for his opinion as to the advisability of tonsillectomy. 43 children had tonsillectomy and adenoidectomy performed ; this is much lower than the 1953 figure of 67.

Ear conditions were slightly less, being 34 in 1954, as compared with 37 in 1953, mainly owing to fewer cases of otorrhœa occurring because of more active treatment by antibiotic therapy in the early cases of otitis media. There was a slight increase in deafness, two children being completely deaf.

Eye conditions. Strabismus formed the bulk of the eye lesions found, but there was a marked decrease in the number of cases in 1954, being 55 as compared with 94 in 1953. There were seven children blind or partially blind as compared with four cases in 1953.

Conditions of the Circulatory System showed a marked increase over the 1953 figures, but this was due to the number of functional heart murmurs noted. There was no case of organic heart disease, but a fairly constant number of congenital heart lesions was found.

Lung conditions in the children examined showed an increase in 1954 over the previous year as more children were found to be suffering from bronchitis, but the miserable wet summer of 1954 may have been a factor in increasing this condition amongst these young children.

Nervous and mental conditions were limited to a few cases of paralysis, and mental defectives and mongols. The number remains fairly constant year by year.

Developmental conditions found which were of importance, were club foot, cleft palate and congenital dislocation of the hip, and all children suffering from these lesions were under specialist care.

The total attendanees at the medical inspection clinics during 1954 were as follows :—

| Centre | | Total attendances | | | No. of sessions | *Average attendance per session | |
|------------------|-------|-------------------|-------|--------|-----------------|---------------------------------|-------|
| | | Boys | Girls | Total | | | |
| 1. Orchard Place | .. | 708 | 635 | 1,343 | .. | 216 | .. 6 |
| 2. Firth Park | .. | 804 | 729 | 1,533 | .. | 281 | .. 5 |
| 3. Manor | .. .. | 1,036 | 936 | 1,972 | .. | 164 | .. 12 |
| 4. Broadfield | .. | 335 | 265 | 600 | .. | 95 | .. 6 |
| 5. Broomhill | .. | 302 | 280 | 582 | .. | 94 | .. 6 |
| 6. Burngreave | .. | 334 | 302 | 636 | .. | 98 | .. 6 |
| 7. Carbrook | .. | 290 | 262 | 552 | .. | 136 | .. 4 |
| 8. Chantrey | .. | 205 | 277 | 482 | .. | 95 | .. 5 |
| 9. Darnall | .. .. | 307 | 272 | 579 | .. | 117 | .. 5 |
| 10. Dore | .. .. | 31 | 47 | 78 | .. | 12 | .. 6 |
| 11. Endcliffe | .. .. | 334 | 308 | 642 | .. | 142 | .. 5 |
| 12. Greenhill | .. .. | 124 | 134 | 258 | .. | 47 | .. 5 |
| 13. Handsworth | .. .. | 195 | 178 | 373 | .. | 49 | .. 8 |
| 14. Hillsborough | .. .. | 594 | 610 | 1,204 | .. | 185 | .. 7 |
| 15. Tinsley | .. .. | 94 | 96 | 190 | .. | 47 | .. 4 |
| 16. Totley | .. .. | 93 | 90 | 183 | .. | 42 | .. 4 |
| 17. Walkley | .. .. | 210 | 203 | 413 | .. | 78 | .. 5 |
| 18. Woodhouse | .. .. | 118 | 116 | 234 | .. | 50 | .. 5 |
| 19. Parson Cross | .. .. | 217 | 192 | 409 | .. | 95 | .. 4 |
| 20. Wybourn | .. .. | 105 | 80 | 185 | .. | 42 | .. 4 |
| TOTALS | | 6,436 | 6,012 | 12,448 | .. | 2,085 | .. 6 |

*These clinics are combined with Infant Consultations.

TABLE XVII.—*Number of children medically examined in each age group, and the number of those children examined who had been vaccinated and immunised against diphtheria and whooping cough.*

| Age Group | | Number of Medical examinations | Vaccination | | Diphtheria Immunisation | | Diphtheria/Whooping Cough Immunisation | | Whooping Cough Immunisation | |
|--------------------|-----|--------------------------------|-------------------------------|-----------------------------------|------------------------------|----------------------------------|--|----------------------------------|------------------------------|----------------------------------|
| | | | Number of children vaccinated | Percentage of children vaccinated | Number of children immunised | Percentage of children immunised | Number of children immunised | Percentage of children immunised | Number of children immunised | Percentage of children immunised |
| 1. 12—17 months | ... | 3,144 | 1,350 | 42·9 | 1,434 | 45·6 | 574 | 18·3 | 11 | 0·3 |
| 2. 18—23 months | ... | 2,379 | 1,005 | 42·2 | 1,653 | 69·5 | 369 | 15·5 | 16 | 0·7 |
| 3. 24—32 months | ... | 2,189 | 872 | 39·8 | 1,809 | 82·6 | 200 | 9·1 | 15 | 0·7 |
| 4. 33—41 months | ... | 1,862 | 698 | 37·5 | 1,686 | 90·5 | 79 | 4·2 | 16 | 0·9 |
| 5. 42—50 months | ... | 1,533 | 661 | 43·1 | 1,417 | 92·4 | 39 | 2·5 | 11 | 0·7 |
| 6. 51—60 months | ... | 1,341 | 532 | 39·7 | 1,220 | 91·0 | 38 | 2·8 | 13 | 1·0 |
| Total examinations | ... | 12,448 | | | | | | | | |

NOTE.—Combined vaccine for immunisation against Diphtheria and Whooping Cough was used at the Clinics from May, 1954. Immunisation against Whooping Cough alone was also commenced on this date.

The percentage is given in each individual group, and shows an increase up to the age of five years until in the last group more than 94 per cent. of those examined were immunised. This does not mean that the whole child population has been immunised to this extent.

Breast Feeding. During the ante-natal period every encouragement is given to the expectant mother to prepare for breast feeding and later, at the child welfare clinic, every aid is advised to help the mother to breast feed her child as long as possible. In the survey, details of which are shown in the table below, 3,144 children were examined in the first age group at the medical inspection clinics and the mothers were questioned as to the time they weaned the child during the first year. Practically all the infants had some breast milk during the first few weeks of life, but as lactation lessened or the mother did not wish to continue breast feeding, 836 infants were breast fed for less than one month. The highest rate of breast feeding was at the end of the first month when 2,308, or 73·4 per cent., were fully breast fed. At the end of three months only

1,667, or 53 per cent., were still being breast fed. Lactation was not well maintained and at six months only 1,013 infants, or 32·2 per cent., were fully breast fed. The rate of weaning then quickly increased so that between nine and ten months 502 infants, or 16 per cent., were breast fed. These rates seem to be fairly constant, as the 1953 figures showed similar percentages.

TABLE XVIII.—*Amount of breast feeding in the children examined in the first age group (12 – 17 months)*

| Clinic | No. of children examined | Numbers of months fully breast fed. | | | | | | | | | |
|----------------------------------|--------------------------|-------------------------------------|-------|-------|-------|-------|-------|-------|------|------|------|
| | | Less than one month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. Orchard Place | 324 | 85 | 239 | 197 | 157 | 124 | 102 | 89 | 72 | 65 | 48 |
| 2. Firth Park... .. | 376 | 104 | 272 | 238 | 207 | 160 | 132 | 118 | 97 | 82 | 61 |
| 3. Manor | 483 | 93 | 390 | 331 | 291 | 231 | 202 | 186 | 160 | 136 | 103 |
| 4. Broadfield... .. | 159 | 44 | 115 | 106 | 86 | 65 | 57 | 51 | 40 | 26 | 21 |
| 5. Broomhill | 148 | 37 | 111 | 99 | 87 | 75 | 67 | 62 | 48 | 38 | 18 |
| 6. Burngreave | 183 | 49 | 134 | 103 | 84 | 68 | 55 | 50 | 37 | 31 | 23 |
| 7. Carbrook | 175 | 49 | 126 | 92 | 77 | 57 | 48 | 45 | 42 | 40 | 33 |
| 8. Chantrey | 119 | 28 | 91 | 81 | 67 | 51 | 48 | 42 | 29 | 23 | 15 |
| 9. Darnall | 153 | 56 | 97 | 84 | 72 | 62 | 55 | 50 | 42 | 35 | 26 |
| 10. Dore | 17 | 6 | 11 | 9 | 9 | 9 | 7 | 7 | 6 | 4 | 3 |
| 11. Endcliffe | 153 | 34 | 119 | 102 | 90 | 67 | 56 | 47 | 33 | 28 | 13 |
| 12. Greenhill | 49 | 9 | 40 | 33 | 32 | 28 | 26 | 23 | 22 | 19 | 13 |
| 13. Handsworth | 75 | 25 | 50 | 40 | 37 | 30 | 28 | 24 | 18 | 16 | 9 |
| 14. Hillsborough | 311 | 86 | 225 | 193 | 169 | 127 | 107 | 95 | 78 | 71 | 57 |
| 15. Tinsley | 55 | 10 | 45 | 33 | 23 | 19 | 17 | 15 | 13 | 13 | 8 |
| 16. Totley | 43 | 11 | 32 | 29 | 26 | 19 | 18 | 18 | 11 | 9 | 5 |
| 17. Walkley | 95 | 34 | 61 | 55 | 47 | 42 | 38 | 32 | 25 | 19 | 13 |
| 18. Woodhouse | 61 | 22 | 39 | 33 | 32 | 32 | 28 | 25 | 21 | 17 | 13 |
| 19. Parson Cross | 112 | 33 | 79 | 60 | 51 | 41 | 30 | 23 | 18 | 17 | 12 |
| 20. Wybourn | 53 | 21 | 32 | 25 | 23 | 16 | 14 | 11 | 9 | 9 | 8 |
| TOTALS | 3,144 | 836 | 2,308 | 1,943 | 1,667 | 1,323 | 1,135 | 1,013 | 821 | 698 | 502 |
| Percentage of total examinations | | 26·6 | 73·4 | 61·8 | 53·0 | 42·1 | 36·1 | 32·2 | 26·1 | 22·2 | 16·0 |

TABLE XIX.—Summary of 12,448 Medical Inspections of children aged one to five years carried out during 1954, classified according to age-groups, sex and standard of nutrition.

| CENTRE | Sex | Group 1 12 — 17 months | | | | Group 2 18 — 23 months | | | | Group 3 24 — 32 months | | | | Group 4 33 — 41 months | | | | Group 5 42 — 50 months | | | | Group 6 51 — 60 months | | | | Total—all ages | | | | | |
|--------------------|-----|---------------------------|--------------|------|----------------|---------------------------|---------------------------|--------------|------|---------------------------|------|---------------------------|--------------|---------------------------|----------------|------|---------------------------|---------------------------|------|----------------|------|---------------------------|--------------|------|----------------|----------------|---------------------------|--------------|------|----------------|------|
| | | Number of Examinations | Very Good | Good | Fairly Good | Poor | Number of Examinations | Very Good | Good | Fairly Good | Poor | Number of Examinations | Very Good | Good | Fairly Good | Poor | Number of Examinations | Very Good | Good | Fairly Good | Poor | Number of Examinations | Very Good | Good | Fairly Good | Poor | Number of Examinations | Very Good | Good | Fairly Good | Poor |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Orchard Place | M | 169 | 65 | 100 | 4 | — | 147 | 48 | 83 | 16 | — | 125 | 39 | 77 | 52 | 43 | 102 | 85 | 28 | 46 | 11 | — | 80 | 34 | 38 | 38 | 708 | 257 | 396 | 53 | |
| | F | 155 | 43 | 87 | 23 | 2 | 117 | 36 | 67 | 14 | — | 119 | 41 | 66 | 49 | 27 | 89 | 81 | 26 | 45 | 10 | — | 74 | 23 | 38 | 13 | 635 | 196 | 352 | 85 | |
| 2. Firth Park... | M | 205 | 114 | 84 | 4 | 3 | 157 | 91 | 63 | 3 | — | 135 | 65 | 63 | 60 | 32 | 108 | 98 | 40 | 50 | 7 | 1 | 101 | 36 | 55 | 9 | 804 | 378 | 532 | 46 | |
| | F | 171 | 71 | 82 | 13 | 5 | 130 | 46 | 66 | 18 | — | 125 | 45 | 66 | 54 | 33 | 107 | 112 | 28 | 68 | 15 | 1 | 84 | 28 | 44 | 11 | 729 | 251 | 380 | 88 | |
| 3. Manor ... | M | 259 | 99 | 150 | 9 | 1 | 183 | 66 | 106 | 11 | — | 189 | 71 | 109 | 96 | 48 | 162 | 128 | 32 | 83 | 10 | 3 | 115 | 25 | 80 | 8 | 1036 | 341 | 624 | 63 | |
| | F | 224 | 54 | 147 | 22 | 1 | 177 | 43 | 113 | 18 | 3 | 177 | 55 | 104 | 96 | 33 | 145 | 108 | 26 | 72 | 9 | 1 | 105 | 22 | 67 | 16 | 936 | 233 | 599 | 97 | |
| 4. Broadfield Road | M | 84 | 51 | 29 | 4 | — | 74 | 50 | 17 | 7 | — | 59 | 31 | 21 | 16 | 23 | 45 | 41 | 20 | 18 | 2 | 1 | 32 | 17 | 10 | 3 | 335 | 192 | 111 | 29 | |
| | F | 75 | 34 | 34 | 7 | — | 52 | 21 | 26 | 5 | — | 49 | 23 | 16 | 10 | 9 | 31 | 31 | 15 | 14 | 2 | — | 27 | 12 | 10 | 4 | 265 | 117 | 110 | 35 | |
| 5. Broomhill ... | M | 72 | 48 | 24 | — | — | 55 | 34 | 19 | 2 | — | 64 | 34 | 27 | 14 | 21 | 43 | 36 | 12 | 22 | 1 | 1 | 32 | 13 | 18 | 1 | 302 | 162 | 132 | 7 | |
| | F | 76 | 42 | 33 | 1 | — | 51 | 32 | 16 | 3 | — | 43 | 27 | 14 | 2 | — | 48 | 32 | 11 | 20 | 1 | — | 30 | 9 | 20 | 1 | 280 | 145 | 124 | 11 | |
| 6. Burngreave | M | 83 | 48 | 30 | 5 | — | 71 | 34 | 32 | 4 | 1 | 71 | 34 | 34 | 32 | 24 | 61 | 33 | 10 | 19 | 2 | 2 | 15 | 4 | 8 | 1 | 334 | 154 | 155 | 20 | |
| | F | 100 | 48 | 47 | 5 | — | 51 | 24 | 23 | 4 | — | 58 | 24 | 27 | 23 | 18 | 46 | 32 | 11 | 17 | 4 | — | 15 | 6 | 6 | 3 | 302 | 131 | 143 | 28 | |
| 7. Carbrook ... | M | 100 | 22 | 68 | 10 | — | 53 | 16 | 32 | 5 | — | 47 | 13 | 31 | 27 | 5 | 37 | 26 | 11 | 10 | 5 | — | 27 | 8 | 15 | 4 | 290 | 75 | 183 | 31 | |
| | F | 75 | 11 | 58 | 6 | — | 45 | 11 | 29 | 4 | 1 | 44 | 6 | 32 | 4 | 7 | 33 | 30 | 6 | 20 | 4 | — | 35 | 14 | 18 | 2 | 262 | 55 | 178 | 24 | |
| 8. Chantrey ... | M | 45 | 29 | 12 | 4 | — | 39 | 29 | 6 | 4 | — | 29 | 13 | 11 | 7 | 19 | 29 | 30 | 20 | 9 | 1 | — | 33 | 15 | 13 | 8 | 205 | 125 | 58 | 5 | |
| | F | 74 | 45 | 25 | 3 | 1 | 51 | 32 | 18 | 1 | — | 46 | 24 | 21 | 13 | 21 | 39 | 48 | 18 | 20 | 5 | — | 24 | 13 | 8 | 5 | 277 | 153 | 105 | 18 | |
| 9. Darnall ... | M | 78 | 28 | 45 | 4 | 1 | 62 | 20 | 40 | 2 | — | 62 | 17 | 41 | 25 | 13 | 44 | 37 | 11 | 22 | 4 | — | 24 | 7 | 16 | 1 | 307 | 96 | 189 | 21 | |
| | F | 75 | 17 | 55 | 3 | — | 64 | 14 | 45 | 5 | — | 33 | 11 | 15 | 23 | 8 | 36 | 37 | 9 | 22 | 6 | — | 27 | 4 | 21 | 2 | 272 | 63 | 181 | 28 | |
| 10. Dore ... | M | 4 | 2 | 2 | — | — | 3 | 1 | 2 | — | — | 8 | 5 | 3 | 3 | 6 | 8 | 3 | 2 | 1 | 2 | — | 5 | 2 | 3 | — | 3 | 17 | 14 | — | — |
| | F | 13 | 6 | 7 | — | — | 7 | 2 | 4 | — | — | 9 | 4 | 5 | — | — | 13 | 4 | 2 | — | — | — | 1 | 1 | — | — | 47 | 22 | 24 | 1 | |
| 11. Endcliffe ... | M | 88 | 55 | 33 | — | — | 64 | 40 | 21 | 3 | — | 54 | 32 | 21 | 17 | 32 | 51 | 37 | 26 | 10 | 1 | — | 40 | 28 | 10 | 2 | 334 | 213 | 112 | 9 | |
| | F | 65 | 37 | 24 | 4 | — | 63 | 34 | 21 | 8 | — | 47 | 19 | 18 | 25 | 22 | 48 | 47 | 23 | 20 | 4 | — | 38 | 18 | 15 | 5 | 308 | 153 | 123 | 32 | |
| 12. Greenhill ... | M | 26 | 24 | 2 | — | — | 21 | 16 | 5 | — | — | 20 | 12 | 8 | 8 | 9 | 24 | 19 | 10 | 9 | — | — | 14 | 5 | 9 | — | 124 | 82 | 41 | 1 | |
| | F | 23 | 11 | 12 | — | — | 28 | 16 | 12 | — | — | 28 | 15 | 10 | 9 | — | 17 | 18 | 8 | 10 | — | — | 20 | 9 | 11 | — | 134 | 67 | 64 | 3 | |
| 13. Handsworth | M | 38 | 21 | 17 | — | — | 33 | 11 | 22 | — | — | 35 | 15 | 19 | 1 | 22 | 41 | 28 | 12 | 14 | 2 | 1 | 20 | 10 | 7 | 3 | 195 | 91 | 96 | 8 | |
| | F | 37 | 11 | 24 | 2 | — | 34 | 12 | 19 | 3 | — | 38 | 11 | 23 | 15 | 18 | 33 | 16 | 5 | 9 | 1 | — | 20 | 6 | 12 | 2 | 178 | 63 | 102 | 12 | |
| 14. Hillsboro' ... | M | 155 | 97 | 57 | 1 | — | 112 | 59 | 41 | 12 | — | 111 | 62 | 38 | 33 | 52 | 94 | 63 | 33 | 22 | 8 | — | 59 | 28 | 25 | 6 | 594 | 331 | 216 | 47 | |
| | F | 156 | 88 | 58 | 10 | — | 123 | 60 | 53 | 9 | 1 | 104 | 41 | 51 | 38 | 31 | 76 | 79 | 41 | 29 | 9 | — | 72 | 36 | 31 | 5 | 610 | 297 | 260 | 49 | |
| 15. Tinsley ... | M | 27 | 19 | 7 | 1 | — | 17 | 9 | 7 | 1 | — | 15 | 10 | 5 | 5 | 8 | 15 | 10 | 3 | 5 | 2 | — | 10 | 7 | 3 | — | 94 | 55 | 35 | 4 | |
| | F | 28 | 19 | 6 | 3 | — | 20 | 11 | 8 | 1 | — | 11 | 5 | 5 | — | — | 17 | 12 | 7 | 5 | — | — | 8 | 2 | 6 | — | 96 | 52 | 38 | 6 | |
| 16. Totley ... | M | 23 | 5 | 18 | — | — | 15 | 7 | 8 | — | — | 15 | 9 | 6 | 12 | 4 | 17 | 13 | 7 | 6 | 1 | — | 10 | 5 | 5 | — | 93 | 37 | 55 | 1 | |
| | F | 20 | 3 | 16 | 1 | — | 17 | 4 | 13 | — | — | 21 | 4 | 17 | 6 | 5 | 12 | 9 | 5 | 1 | 3 | — | 11 | 4 | 5 | — | 90 | 25 | 58 | 7 | |
| 17. Walkley ... | M | 50 | 37 | 10 | 3 | — | 41 | 24 | 17 | — | — | 33 | 21 | 12 | 9 | 25 | 38 | 25 | 11 | 11 | 2 | — | 24 | 11 | 11 | 2 | 210 | 129 | 70 | 10 | |
| | F | 45 | 28 | 14 | 3 | — | 32 | 19 | 12 | 1 | — | 30 | 20 | 6 | 20 | 19 | 41 | 25 | 15 | 10 | — | 1 | 30 | 15 | 14 | — | 203 | 116 | 76 | 10 | |
| 18. Woodhouse | M | 30 | 14 | 13 | 3 | — | 24 | 11 | 10 | 3 | — | 17 | 6 | 9 | 12 | 7 | 20 | 16 | 5 | 6 | 5 | — | 11 | 4 | 3 | 3 | 118 | 47 | 53 | 17 | |
| | F | 31 | 8 | 18 | 4 | 1 | 20 | 7 | 7 | 6 | — | 14 | 6 | 6 | 3 | 4 | 12 | 22 | 6 | 12 | 4 | — | 17 | 6 | 7 | 4 | 116 | 36 | 55 | 24 | |
| 19. Parson Cross | M | 66 | 43 | 20 | 3 | — | 47 | 31 | 15 | 1 | — | 36 | 13 | 18 | 13 | 11 | 27 | 22 | 11 | 11 | — | — | 19 | 13 | 5 | 1 | 217 | 122 | 82 | 12 | |
| | F | 46 | 24 | 17 | 3 | 2 | 32 | 14 | 17 | 1 | — | 41 | 14 | 24 | 14 | 4 | 27 | 29 | 10 | 12 | 7 | — | 17 | 9 | 7 | 1 | 192 | 75 | 91 | 23 | |
| 20. Wybourn ... | M | 28 | 10 | 18 | — | — | 27 | 8 | 5 | 4 | — | 15 | 3 | 9 | 9 | 3 | 14 | 11 | 2 | 5 | 3 | 1 | 10 | — | 1 | 2 | 7 | 105 | 26 | 63 | 14 |
| | F | 25 | 8 | 9 | 8 | — | 20 | 5 | 10 | 2 | — | 12 | 3 | 2 | 5 | 4 | 12 | 6 | 2 | 2 | 1 | — | 5 | — | 2 | 2 | 80 | 23 | 30 | 22 | |
| TOTALS ... | M | 1630 | 831 | 739 | 55 | 5 | 1245 | 605 | 561 | 78 | 1 | 1140 | 505 | 562 | 478 | 411 | 980 | 760 | 306 | 379 | 66 | 9 | 681 | 272 | 341 | 60 | 6436 | 2930 | 3060 | 415 | |
| | F | 1514 | 608 | 773 | 121 | 12 | 1134 | 443 | 579 | 104 | 8 | 1049 | 398 | 528 | 461 | 312 | 882 | 773 | 274 | 410 | 85 | 4 | 660 | 238 | 342 | 76 | 6012 | 2273 | 3093 | 603 | |
| TOTALS—Both sexes | | 3144 | 1439 | 1512 | 176 | 17 | 2379 | 1048 | 1140 | 182 | 9 | 2189 | 903 | 1090 | 939 | 723 | 1862 | 1533 | 580 | 789 | 151 | 13 | 1341 | 510 | 683 | 136 | 12448 | 5203 | 6153 | 1018 | |

TABLE XX.—Average Weight (in lbs.) in the various age groups of children examined during the year 1954.

BOYS.

| Clinic | Group 1 (12—17 months) | | Group 2 (18—23 months) | | Group 3 (24—32 months) | | Group 4 (33—41 months) | | Group 5 (42—50 months) | | Group 6 (51—60 months) | |
|----------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|
| | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight |
| 1. Orchard Place... | 169 | 23·31 | 147 | 25·44 | 125 | 27·50 | 102 | 32·33 | 85 | 36·36 | 80 | 38·77 |
| 2. Firth Park ... | 205 | 23·10 | 157 | 26·01 | 135 | 28·12 | 108 | 32·36 | 98 | 37·15 | 101 | 38·56 |
| 3. Manor ... | 259 | 22·95 | 183 | 25·70 | 189 | 28·64 | 161 | 32·26 | 128 | 35·82 | 115 | 38·22 |
| 4. Broadfield ... | 84 | 23·63 | 74 | 26·26 | 59 | 28·17 | 45 | 32·45 | 41 | 36·68 | 32 | 39·02 |
| 5. Broomhill ... | 71 | 23·66 | 55 | 26·09 | 64 | 28·49 | 43 | 34·43 | 36 | 37·30 | 32 | 40·53 |
| 6. Burngreave ... | 83 | 22·73 | 71 | 24·96 | 71 | 27·41 | 61 | 31·54 | 33 | 35·75 | 15 | 37·27 |
| 7. Carbrook ... | 100 | 23·27 | 53 | 26·08 | 47 | 27·78 | 37 | 31·50 | 26 | 35·72 | 27 | 38·20 |
| 8. Chantrey ... | 45 | 22·82 | 39 | 25·62 | 29 | 27·62 | 29 | 33·51 | 30 | 37·16 | 33 | 38·70 |
| 9. Darnall ... | 78 | 22·73 | 62 | 25·44 | 62 | 27·12 | 44 | 31·73 | 37 | 35·97 | 24 | 37·88 |
| 10. Dore ... | 4 | 23·06 | 2 | 25·25 | 8 | 29·05 | 8 | 32·48 | 3 | 39·12 | 5 | 40·47 |
| 11. Endcliffe ... | 87 | 23·62 | 64 | 26·21 | 54 | 28·83 | 50 | 32·89 | 36 | 39·98 | 40 | 41·92 |
| 12. Greenhill ... | 26 | 23·72 | 21 | 26·59 | 20 | 28·00 | 24 | 32·97 | 19 | 38·05 | 14 | 39·99 |
| 13. Handsworth ... | 38 | 23·57 | 33 | 25·59 | 35 | 27·26 | 40 | 32·95 | 28 | 37·52 | 20 | 39·87 |
| 14. Hillsborough ... | 155 | 22·99 | 112 | 25·30 | 111 | 27·76 | 94 | 32·26 | 63 | 36·31 | 59 | 38·42 |
| 15. Tinsley... | 27 | 24·26 | 17 | 26·00 | 15 | 27·88 | 15 | 33·39 | 10 | 36·13 | 10 | 39·65 |
| 16. Totley ... | 23 | 23·67 | 15 | 26·45 | 15 | 28·11 | 17 | 32·38 | 13 | 37·14 | 10 | 40·24 |
| 17. Walkley ... | 50 | 23·27 | 41 | 25·74 | 33 | 29·36 | 38 | 32·39 | 24 | 36·60 | 24 | 39·20 |
| 18. Woodhouse ... | 30 | 23·69 | 24 | 26·34 | 17 | 27·52 | 20 | 32·89 | 16 | 35·62 | 11 | 39·92 |
| 19. Parson Cross ... | 66 | 23·19 | 47 | 25·36 | 36 | 27·16 | 27 | 32·31 | 22 | 36·33 | 19 | 39·66 |
| 20. Wybourn ... | 28 | 23·22 | 27 | 25·07 | 15 | 26·88 | 14 | 32·16 | 11 | 34·18 | 10 | 36·28 |
| All Clinics ... | 1628 | 23·20 | 1244 | 25·72 | 1140 | 27·90 | 977 | 32·44 | 759 | 36·63 | 681 | 38·93 |
| Not weighed ... | 2 | | 1 | | — | | 3 | | 1 | | — | |
| Totals ... | 1630 | | 1245 | | 1140 | | 980 | | 760 | | 681 | |

GIRLS.

| Clinic | Group 1 (12—17 months) | | Group 2 (18—23 Months) | | Group 3 (24—32 months) | | Group 4 (33—41 months) | | Group 5 (42—50 months) | | Group 6 (51—60 months) | |
|----------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|
| | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight | Number of Examinations | Average Weight |
| 1. Orchard Place... | 155 | 21·12 | 117 | 24·10 | 118 | 26·72 | 89 | 30·53 | 81 | 35·89 | 74 | 37·50 |
| 2. Firth Park ... | 171 | 21·60 | 130 | 23·99 | 125 | 26·69 | 107 | 31·19 | 112 | 35·12 | 84 | 37·50 |
| 3. Manor ... | 224 | 21·48 | 177 | 24·35 | 177 | 26·83 | 145 | 30·61 | 108 | 35·81 | 105 | 36·80 |
| 4. Broadfield ... | 75 | 21·79 | 52 | 24·49 | 49 | 26·62 | 31 | 31·20 | 31 | 36·25 | 27 | 38·48 |
| 5. Broomhill ... | 76 | 22·09 | 51 | 24·48 | 43 | 27·11 | 47 | 32·23 | 32 | 36·38 | 30 | 38·41 |
| 6. Burngreave ... | 100 | 21·74 | 51 | 24·13 | 58 | 26·80 | 46 | 30·97 | 32 | 34·70 | 15 | 37·29 |
| 7. Carbrook ... | 75 | 21·47 | 45 | 23·40 | 44 | 25·20 | 33 | 30·96 | 30 | 35·13 | 35 | 38·38 |
| 8. Chantrey ... | 74 | 22·49 | 51 | 24·86 | 46 | 27·67 | 39 | 31·80 | 43 | 35·39 | 24 | 37·06 |
| 9. Darnall ... | 75 | 21·59 | 64 | 24·58 | 33 | 25·88 | 36 | 30·41 | 37 | 35·97 | 27 | 38·58 |
| 10. Dore ... | 13 | 21·56 | 7 | 24·80 | 9 | 27·79 | 13 | 32·06 | 4 | 35·37 | 1 | 41·37 |
| 11. Endcliffe ... | 65 | 22·10 | 62 | 24·62 | 47 | 27·13 | 48 | 32·87 | 47 | 36·10 | 38 | 38·27 |
| 12. Greenhill ... | 23 | 21·61 | 28 | 24·64 | 28 | 27·11 | 17 | 31·17 | 18 | 37·39 | 20 | 39·97 |
| 13. Handsworth ... | 37 | 21·90 | 34 | 24·10 | 37 | 26·85 | 33 | 32·96 | 16 | 35·48 | 20 | 38·50 |
| 14. Hillsborough ... | 155 | 21·83 | 123 | 24·37 | 104 | 26·89 | 76 | 31·33 | 79 | 35·62 | 72 | 37·96 |
| 15. Tinsley... | 28 | 21·74 | 20 | 25·44 | 11 | 27·02 | 17 | 31·19 | 12 | 37·79 | 8 | 39·43 |
| 16. Totley ... | 20 | 21·80 | 17 | 24·88 | 21 | 27·79 | 12 | 34·11 | 9 | 35·94 | 11 | 37·07 |
| 17. Walkley ... | 45 | 21·61 | 32 | 24·24 | 30 | 27·57 | 41 | 31·24 | 25 | 35·42 | 30 | 37·41 |
| 18. Woodhouse ... | 31 | 21·74 | 20 | 24·45 | 14 | 26·70 | 12 | 31·03 | 22 | 35·94 | 17 | 38·09 |
| 19. Parson Cross ... | 46 | 21·23 | 32 | 24·09 | 40 | 26·67 | 27 | 30·42 | 29 | 34·46 | 17 | 36·47 |
| 20. Wybourn ... | 25 | 20·93 | 20 | 23·97 | 12 | 26·36 | 12 | 31·25 | 6 | 34·92 | 5 | 40·10 |
| All Clinics ... | 1513 | 21·65 | 1133 | 24·32 | 1046 | 26·80 | 881 | 31·26 | 773 | 35·67 | 660 | 37·77 |
| Not weighed ... | 1 | | 1 | | 3 | | 1 | | — | | — | |
| Totals ... | 1514 | | 1134 | | 1049 | | 882 | | 773 | | 660 | |

TABLE XXI.—Average Height (in inches) in the various age groups of children examined during the year 1954.

BOYS.

| Clinic | Group 1 (12—17 months) | | Group 2 (18—23 months) | | Group 3 (24—32 months) | | Group 4 (33—41 months) | | Group 5 (42—50 months) | | Group 6 (51—60 months) | |
|----------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|
| | Number of Examinations | Average Height | Number of Examinations | Average Height | Number of Examinations | Average Height | Number of Examinations | Average Height | Number of Examinations | Average Height | Number of Examinations | Average Height |
| 1. Orchard Place... | 166 | 29·89 | 147 | 32·02 | 125 | 33·89 | 101 | 37·37 | 83 | 40·13 | 80 | 41·40 |
| 2. Firth Park ... | 205 | 29·23 | 157 | 31·30 | 135 | 33·86 | 108 | 36·77 | 98 | 40·00 | 100 | 40·88 |
| 3. Manor ... | 256 | 29·53 | 183 | 31·73 | 189 | 33·62 | 160 | 36·95 | 127 | 39·80 | 114 | 41·13 |
| 4. Broadfield ... | 84 | 29·36 | 74 | 32·02 | 59 | 34·06 | 45 | 36·88 | 41 | 39·69 | 32 | 41·64 |
| 5. Broomhill ... | 71 | 29·88 | 55 | 32·25 | 63 | 34·42 | 43 | 38·02 | 36 | 40·58 | 32 | 42·15 |
| 6. Burngreave ... | 81 | 29·27 | 71 | 31·76 | 71 | 33·61 | 61 | 37·02 | 33 | 40·11 | 15 | 41·07 |
| 7. Carbrook ... | 100 | 30·65 | 53 | 32·92 | 46 | 34·47 | 37 | 37·15 | 26 | 40·11 | 27 | 42·01 |
| 8. Chantrey ... | 45 | 29·71 | 39 | 32·48 | 29 | 34·45 | 29 | 38·18 | 30 | 40·87 | 33 | 42·12 |
| 9. Darnall ... | 78 | 29·40 | 62 | 31·94 | 62 | 33·76 | 44 | 36·50 | 37 | 40·11 | 24 | 41·28 |
| 10. Dore ... | 4 | 30·19 | 3 | 32·08 | 8 | 35·38 | 8 | 37·47 | 3 | 41·92 | 5 | 42·70 |
| 11. Endcliffe ... | 88 | 30·36 | 64 | 32·72 | 54 | 34·98 | 49 | 38·03 | 37 | 41·81 | 39 | 42·92 |
| 12. Greenhill ... | 26 | 30·41 | 21 | 33·00 | 20 | 35·35 | 24 | 38·26 | 19 | 41·74 | 14 | 43·63 |
| 13. Handsworth ... | 37 | 29·68 | 33 | 32·13 | 34 | 34·25 | 40 | 38·23 | 28 | 41·64 | 20 | 43·03 |
| 14. Hillsborough ... | 155 | 29·93 | 112 | 32·31 | 111 | 34·07 | 94 | 37·46 | 63 | 40·25 | 59 | 41·63 |
| 15. Tinsley... | 27 | 30·80 | 17 | 33·27 | 15 | 34·73 | 15 | 38·37 | 10 | 41·00 | 10 | 41·95 |
| 16. Totley ... | 23 | 30·52 | 15 | 32·91 | 15 | 34·57 | 17 | 37·75 | 13 | 40·79 | 10 | 43·05 |
| 17. Walkley ... | 50 | 30·61 | 41 | 33·03 | 33 | 35·26 | 38 | 37·99 | 24 | 40·84 | 24 | 41·97 |
| 18. Woodhouse ... | 30 | 29·42 | 24 | 31·66 | 17 | 33·54 | 20 | 37·10 | 16 | 39·55 | 11 | 41·91 |
| 19. Parson Cross ... | 66 | 29·68 | 47 | 32·06 | 36 | 33·96 | 27 | 37·46 | 22 | 40·18 | 19 | 41·80 |
| 20. Wybourn ... | 28 | 29·36 | 27 | 31·73 | 15 | 33·08 | 14 | 37·36 | 11 | 39·36 | 10 | 41·13 |
| All Clinics ... | 1620 | 29·76 | 1245 | 32·14 | 1137 | 34·05 | 974 | 37·34 | 757 | 40·28 | 678 | 41·65 |
| Not measured | 10 | | — | | 3 | | 6 | | 3 | | 3 | |
| Totals ... | 1630 | | 1245 | | 1140 | | 980 | | 760 | | 681 | |

GIRLS.

| Clinic | Group 1 (12—17 months) | | Group 2 (18—23 months) | | Group 3 (24—32 months) | | Group 4 (33—41 months) | | Group 5 (42—50 months) | | Group 6 (51—60 months) | |
|----------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|
| | Number of Examinations | Average Height | Number of Examinations | Average Height | Number of Examinations | Average Height | Number of Examinations | Average Height | Number of Examinations | Average Height | Number Examinations | Average Height |
| 1. Orchard Place... | 152 | 28·91 | 116 | 31·67 | 118 | 33·61 | 89 | 36·58 | 81 | 39·75 | 74 | 40·89 |
| 2. Firth Park ... | 171 | 28·59 | 130 | 31·13 | 125 | 33·23 | 107 | 36·60 | 112 | 39·67 | 84 | 40·84 |
| 3. Manor ... | 222 | 28·91 | 175 | 31·23 | 177 | 33·28 | 145 | 36·24 | 108 | 39·76 | 105 | 40·57 |
| 4. Broadfield ... | 75 | 28·91 | 52 | 31·44 | 49 | 33·71 | 31 | 36·61 | 31 | 39·72 | 27 | 41·17 |
| 5. Broomhill ... | 76 | 29·13 | 51 | 31·66 | 43 | 33·68 | 48 | 37·63 | 32 | 40·12 | 30 | 41·62 |
| 6. Burngreave ... | 100 | 29·08 | 51 | 31·59 | 58 | 33·55 | 46 | 36·69 | 32 | 39·80 | 15 | 41·10 |
| 7. Carbrook ... | 75 | 30·11 | 45 | 32·27 | 44 | 33·74 | 33 | 36·88 | 30 | 39·98 | 35 | 42·33 |
| 8. Chantrey ... | 74 | 29·52 | 51 | 32·16 | 46 | 34·32 | 39 | 37·90 | 43 | 40·33 | 24 | 41·23 |
| 9. Darnall ... | 75 | 28·85 | 64 | 31·56 | 33 | 33·29 | 36 | 36·58 | 37 | 40·00 | 27 | 41·35 |
| 10. Dore ... | 13 | 30·40 | 7 | 32·78 | 9 | 34·42 | 13 | 38·00 | 4 | 41·00 | 1 | 41·50 |
| 11. Endcliffe ... | 65 | 30·05 | 62 | 32·31 | 47 | 34·59 | 48 | 37·96 | 47 | 40·77 | 38 | 42·01 |
| 12. Greenhill ... | 23 | 30·02 | 28 | 32·47 | 28 | 34·65 | 17 | 38·01 | 18 | 41·75 | 20 | 42·49 |
| 13. Handsworth ... | 37 | 29·07 | 34 | 32·15 | 38 | 34·55 | 33 | 37·62 | 16 | 41·47 | 20 | 42·65 |
| 14. Hillsborough ... | 155 | 29·86 | 123 | 31·83 | 104 | 33·81 | 75 | 37·19 | 79 | 40·49 | 72 | 41·85 |
| 15. Tinsley... | 28 | 30·22 | 20 | 32·91 | 11 | 35·45 | 17 | 38·09 | 12 | 40·70 | 8 | 42·50 |
| 16. Totley ... | 20 | 30·21 | 17 | 32·46 | 21 | 34·69 | 12 | 38·02 | 9 | 40·67 | 11 | 41·27 |
| 17. Walkley ... | 45 | 30·25 | 32 | 32·77 | 30 | 34·57 | 41 | 37·82 | 25 | 40·42 | 30 | 41·42 |
| 18. Woodhouse ... | 31 | 29·22 | 20 | 31·81 | 14 | 33·53 | 12 | 36·64 | 22 | 40·02 | 17 | 41·13 |
| 19. Parson Cross ... | 46 | 28·95 | 32 | 31·59 | 41 | 33·91 | 27 | 36·75 | 29 | 39·73 | 17 | 41·10 |
| 20. Wybourn ... | 25 | 28·35 | 20 | 31·22 | 12 | 33·75 | 12 | 37·29 | 6 | 40·83 | 5 | 43·10 |
| All Clinics ... | 1508 | 29·24 | 1130 | 31·72 | 1048 | 33·75 | 881 | 37·00 | 773 | 40·10 | 660 | 41·37 |
| Not measured | 6 | | 4 | | 1 | | 1 | | — | | — | |
| Totals ... | 1514 | | 1134 | | 1049 | | 882 | | 773 | | 660 | |

TABLE XXII.—*Summary of Defects found in 12,448 Examinations of Children during the year 1954, classified under Sex and Age Groups.*

| DEFECTS | | | | ALL CLINICS | | | | | | | | | | | | Total | | Full Total (both sexes) | |
|--------------------------------------|----|----|----|-------------------------|----|-------------------------|-----|-------------------------|-----|-------------------------|-----|-------------------------|-----|-------------------------|-----|-------|-------|----------------------------|--|
| | | | | Group 1 (12-17 mths) | | Group 2 (18-23 mths) | | Group 3 (24-32 mths) | | Group 4 (33-41 mths) | | Group 5 (42-50 mths) | | Group 6 (51-60 mths) | | | | | |
| | | | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | |
| Cleanliness— | | | | | | | | | | | | | | | | | | | |
| Dirty body | 2 | 1 | 1 | 1 | — | 2 | 1 | 2 | — | 1 | — | 1 | 4 | 8 | 12 | | | | |
| Infested body | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | — | 1 | | | | |
| Dirty head | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | | | |
| Infested head | — | — | — | — | — | — | — | — | — | 2 | — | 1 | — | 3 | 3 | | 16 | | |
| Skin— | | | | | | | | | | | | | | | | | | | |
| Eczema | 28 | 13 | 16 | 16 | 17 | 7 | 24 | 8 | 8 | 9 | 6 | 2 | 99 | 55 | 154 | | | | |
| Naevus | 5 | 9 | 1 | 11 | — | 4 | 3 | 2 | 1 | 2 | 1 | — | 11 | 28 | 39 | | | | |
| Impetigo | 1 | — | — | — | — | — | — | — | 1 | — | 1 | — | 3 | — | 3 | | | | |
| Urticaria | — | 2 | — | 1 | 1 | 5 | 3 | 1 | 1 | 1 | 1 | 3 | 6 | 13 | 19 | | | | |
| Dermatitis | 14 | 6 | 12 | 9 | 5 | — | 1 | — | — | — | — | — | 32 | 15 | 47 | | | | |
| Other conditions | 1 | — | 1 | 3 | 1 | 4 | — | 1 | 4 | — | 2 | 1 | 9 | 9 | 18 | | 28 | | |
| Tonsils and Adenoids— | | | | | | | | | | | | | | | | | | | |
| Enlarged | 6 | 4 | 32 | 23 | 41 | 38 | 102 | 72 | 110 | 101 | 99 | 92 | 390 | 330 | 720 | | | | |
| Obstructing | 1 | — | 2 | — | — | 1 | 1 | 3 | 5 | 4 | 3 | 2 | 12 | 10 | 22 | | | | |
| Removed | — | — | — | — | — | — | 1 | 1 | 7 | 8 | 19 | 7 | 27 | 16 | 43 | | 785 | | |
| Teeth— | | | | | | | | | | | | | | | | | | | |
| 3 and under—caries | 1 | — | 7 | 4 | 19 | 15 | 80 | 80 | 138 | 150 | 167 | 165 | 412 | 414 | 826 | | | | |
| 4 and over—caries | — | — | 11 | 7 | 22 | 22 | 56 | 65 | 131 | 116 | 151 | 132 | 371 | 342 | 713 | | 1,539 | | |
| Ears— | | | | | | | | | | | | | | | | | | | |
| Complete deafness... .. | — | — | — | — | — | — | — | 1 | — | — | 1 | — | 1 | 1 | 2 | | | | |
| Partial deafness | — | — | — | — | 1 | — | — | — | 1 | — | — | — | 2 | — | 2 | | | | |
| Otorrhoea | — | 2 | — | 1 | — | 1 | 3 | — | 1 | 1 | 1 | — | 5 | 6 | 11 | | | | |
| Otitis Media | 3 | — | 1 | — | 2 | 3 | 2 | 4 | 1 | — | — | 1 | 9 | 8 | 17 | | | | |
| Furunculosis | — | 1 | 1 | — | — | — | — | — | — | — | — | — | 1 | 1 | 2 | | 34 | | |
| Eyes— | | | | | | | | | | | | | | | | | | | |
| Squint | 2 | 7 | 1 | 3 | 3 | 7 | 7 | 7 | 6 | 4 | 4 | 4 | 23 | 32 | 55 | | | | |
| Blind | — | — | — | — | — | 1 | 1 | — | — | 1 | — | — | 1 | 2 | 3 | | | | |
| Blind in one eye | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | | | | |
| Cataract | — | — | 1 | — | — | — | 1 | 1 | — | — | — | — | 2 | 1 | 3 | | | | |
| Ptosis | 1 | 1 | — | — | — | — | 2 | — | — | — | 2 | 1 | 5 | 2 | 7 | | | | |
| Dacryocystitis | 1 | 1 | — | — | — | — | — | — | — | — | — | — | 1 | 1 | 2 | | | | |
| Nystagmus | — | — | 1 | — | — | — | — | — | — | — | — | — | 1 | — | 1 | | | | |
| Blepharitis | — | 2 | 1 | 1 | 2 | — | 2 | — | 2 | 2 | 2 | 2 | 9 | 7 | 16 | | | | |
| Conjunctivitis | 3 | — | 1 | 2 | 1 | 1 | — | 1 | 1 | — | — | 2 | 6 | 6 | 12 | | | | |
| T.B. Iritis | — | — | — | 1 | — | — | — | — | — | — | — | — | — | 1 | 1 | | | | |
| Bilateral Coloboma | — | — | — | — | — | 1 | — | — | — | — | — | — | — | 1 | 1 | | 102 | | |
| Heart and Circulation— | | | | | | | | | | | | | | | | | | | |
| Organic disease | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | | | |
| Congenital heart disease | 2 | 2 | — | 1 | — | 1 | 3 | — | 3 | — | 2 | — | 10 | 4 | 14 | | | | |
| Functional murmurs | 7 | 5 | 7 | 15 | 13 | 9 | 19 | 7 | 11 | 8 | 15 | 8 | 72 | 52 | 124 | | 138 | | |
| Lungs— | | | | | | | | | | | | | | | | | | | |
| Asthma | — | — | 1 | — | 1 | — | 1 | — | 2 | 2 | 1 | 1 | 6 | 3 | 9 | | | | |
| Bronchitis | 4 | 3 | 2 | 4 | 3 | — | 2 | 1 | 2 | 2 | — | — | 13 | 10 | 23 | | | | |
| Lung Collapse | — | — | — | — | — | — | — | — | — | 1 | — | — | — | 1 | 1 | | 33 | | |
| Alimentary System— | | | | | | | | | | | | | | | | | | | |
| Prolapsed rectum | — | — | 1 | — | — | — | — | — | — | — | — | — | 1 | — | 1 | | | | |
| Fibrocystic disease | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | | 2 | | |
| Nervous System— | | | | | | | | | | | | | | | | | | | |
| Spastic paralysis | — | — | — | — | — | — | — | — | 2 | — | — | — | 2 | — | 2 | | | | |
| Bell's Paralysis | — | — | — | — | 1 | — | — | — | — | — | — | — | 1 | — | 1 | | | | |
| A.P.M. Paralysis | — | — | — | — | — | 1 | — | 2 | — | 1 | — | 1 | — | 5 | 5 | | 8 | | |
| Mental Condition— | | | | | | | | | | | | | | | | | | | |
| Mentally defective | — | — | 1 | 1 | 3 | — | 2 | — | 3 | 2 | 2 | 1 | 11 | 4 | 15 | | | | |
| Mongol | — | — | 1 | — | — | — | 2 | — | 2 | — | — | 1 | 5 | 1 | 6 | | 21 | | |
| Speech— | | | | | | | | | | | | | | | | | | | |
| Poor for age | — | — | — | — | 1 | — | 7 | 6 | 5 | 6 | 8 | 4 | 21 | 16 | 37 | | | | |
| Stammer | — | — | — | — | 1 | — | 5 | 2 | 6 | 1 | 2 | 2 | 14 | 5 | 19 | | 56 | | |
| Orthopaedic— | | | | | | | | | | | | | | | | | | | |
| Knock-knees (slight) | — | — | 13 | 17 | 38 | 47 | 121 | 82 | 80 | 60 | 60 | 45 | 312 | 251 | 563 | | | | |
| Knock-knees (marked) | — | — | — | — | 2 | 1 | 13 | 11 | 13 | 7 | 10 | 7 | 38 | 26 | 64 | | | | |
| Scoliosis | 1 | — | 1 | 1 | — | — | — | — | — | — | 1 | — | 3 | 1 | 4 | | | | |
| Other Conditions | 1 | 1 | 1 | 1 | 1 | 3 | 2 | 1 | 3 | 2 | 4 | 2 | 12 | 10 | 22 | | 653 | | |
| Genito Urinary— | | | | | | | | | | | | | | | | | | | |
| Albuminuria | — | — | — | — | — | — | 1 | — | — | — | 1 | — | 2 | — | 2 | | | | |
| Nephritis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | | | |
| Glycosuria | — | — | — | — | — | — | — | 1 | — | — | — | — | — | 1 | 1 | | 3 | | |
| Developmental— | | | | | | | | | | | | | | | | | | | |
| Phimosis | 11 | — | 15 | — | 6 | — | 5 | — | 2 | — | 1 | — | 40 | — | 40 | | | | |
| Hernia | 10 | 9 | 4 | 9 | 8 | 5 | 2 | 3 | — | 4 | 1 | 3 | 25 | 33 | 58 | | | | |
| Hydrocele | 1 | — | — | — | 1 | — | — | — | — | — | 1 | — | 3 | — | 3 | | | | |
| Hypospadias | — | — | 2 | — | 2 | — | — | — | 1 | — | — | — | 5 | — | 5 | | | | |
| Microcephaly | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | | | |
| Webbed digits | 2 | 1 | — | — | 3 | — | 1 | — | — | — | — | — | 6 | 1 | 7 | | | | |
| Spina Bifida | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | | | |
| Cleft Palate | — | 1 | — | 1 | — | — | — | — | — | — | — | — | — | 2 | 2 | | | | |
| Congenital dislocation of hip | — | — | — | — | — | 1 | — | — | — | — | — | — | — | 1 | 1 | | | | |
| Talipes equino varus | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | | | | |
| Other conditions | 2 | 2 | 1 | 2 | 2 | 1 | 2 | — | 1 | 3 | — | — | 8 | 8 | 16 | | 133 | | |
| Operations— | | | | | | | | | | | | | | | | | | | |
| Circumcision | 21 | — | 24 | — | 15 | — | 11 | — | 12 | — | 3 | — | 86 | — | 86 | | | | |
| Herniotomy | 1 | 2 | 3 | 2 | 1 | 1 | 2 | 2 | 4 | — | 1 | — | 12 | 7 | 19 | | | | |
| Laparotomy intussusception | 3 | 1 | — | 1 | 1 | — | — | — | — | — | — | — | 4 | 2 | 6 | | | | |
| Repair of Hare-lip and Cleft | | | | | | | | | | | | | | | | | | | |
| Palate ... | | | | | | | | | | | | | | | | | | | |

TABLE XXIII.—Summary of Defects found in 12,448 examinations of children during the year 1954, classified according to Medical Inspection Clinics.

| DEFECTS | 1 Orchard Place | 2 Firth Park | 3 Manor | 4 Broad- field | 5 Broom- hill | 6 Burn- greave | 7 Car- brook | 8 Chan- trey | 9 Darn- all | 10 Dore | 11 End- cliffe | 12 Green- hill | 13 Hand- worth | 14 Hills- boro' | 15 Tin- sley | 16 Totley | 17 Walk- ley | 18 Wood- house | 19 Parson Cross | 20 Wy- bourn | Sub- Total | Total |
|--------------------------|-----------------------|--------------------|------------|----------------------|---------------------|----------------------|--------------------|--------------------|-------------------|------------|----------------------|----------------------|----------------------|-----------------------|--------------------|--------------|--------------------|----------------------|-----------------------|--------------------|---------------|-------|
| Cleanliness— | | | | | | | | | | | | | | | | | | | | | | |
| Dirty body | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Infested body | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Dirty head ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Infested head | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Skin— | | | | | | | | | | | | | | | | | | | | | | |
| Eczema | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Navus | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Impetigo | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Urticaria | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Dermatitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Other conditions | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Tonsils and Adenoids— | | | | | | | | | | | | | | | | | | | | | | |
| Enlarged | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Obstructing | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Removed | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Teeth— | | | | | | | | | | | | | | | | | | | | | | |
| 3 and under-carious | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 4 and over-carious | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Ears— | | | | | | | | | | | | | | | | | | | | | | |
| Complete deafness... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Partial deafness | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Otorrhoea | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Otitis media | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Furunculosis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Eyes— | | | | | | | | | | | | | | | | | | | | | | |
| Squint | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Blind | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Blind in one eye | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Cataract | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Ptosis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Dacryocystitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Nystagmus | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Blepharitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Conjunctivitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| T. B. Iritis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Bilateral Coloboma | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Heart and Circulation— | | | | | | | | | | | | | | | | | | | | | | |
| Organic disease | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Congenital heart disease | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Functional murmurs | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Lungs— | | | | | | | | | | | | | | | | | | | | | | |
| Asthma | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Bronchitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Lung Collapse | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Alimentary System— | | | | | | | | | | | | | | | | | | | | | | |
| Prolapsed Rectum | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Fibrocystic disease | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| TOTAL c/f | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |

Summary of Defects found in 12,448 examinations of children during the year 1954, classified according to Medical Inspection Clinics—(contd.)

| DEFECTS | 1 Orchard Place | 2 Firth Park | 3 Manor | 4 Broadfield | 5 Broomhill | 6 Burngreave | 7 Carbrook | 8 Chantrey | 9 Darvall | 10 Dore | 11 Endcliffe | 12 Greenhill | 13 Handsworth | 14 Hillsboro' | 15 Tinsley | 16 Totley | 17 Walkley | 18 Woodhouse | 19 Parson Cross | 20 Wybourn | Sub-Total | Total |
|-------------------------------------|-----------------|--------------|---------|--------------|-------------|--------------|------------|------------|-----------|---------|--------------|--------------|---------------|---------------|------------|-----------|------------|--------------|-----------------|------------|-----------|-------|
| Total b/f | 428 | 283 | 475 | 145 | 130 | 126 | 116 | 133 | 137 | 13 | 188 | 51 | 88 | 254 | 36 | 22 | 96 | 88 | 56 | 64 | 2929 | 2929 |
| Nervous System— | | | | | | | | | | | | | | | | | | | | | | |
| Spastic Paralysis | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 | 2 |
| Bell's Paralysis | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 |
| A.P.M. Paralysis | — | 1 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 5 | 8 |
| Mental Condition— | | | | | | | | | | | | | | | | | | | | | | |
| Mentally defective | 1 | 1 | 2 | 2 | — | 1 | 2 | — | — | — | 1 | — | 2 | — | — | — | — | — | — | — | 15 | 15 |
| Mongol | 1 | 1 | 1 | — | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 6 | 21 |
| Speech— | | | | | | | | | | | | | | | | | | | | | | |
| Poor for age | 6 | 4 | 9 | 1 | 1 | — | 4 | — | 4 | — | 1 | — | 2 | — | 1 | 1 | — | — | — | — | 1 | 37 |
| Stammer | 1 | 2 | 5 | 1 | — | 2 | — | 2 | 2 | — | 1 | — | — | — | — | — | 1 | 1 | — | — | 19 | 56 |
| Orthopaedic— | | | | | | | | | | | | | | | | | | | | | | |
| Knock-knee (slight) | 59 | 63 | 76 | 25 | 26 | 21 | 7 | 43 | 21 | 3 | 52 | 13 | 14 | 69 | 9 | 1 | 21 | 23 | 8 | 9 | 563 | 563 |
| Knock-knee (marked) | 8 | 2 | 6 | 12 | 2 | 1 | 2 | 5 | 1 | 2 | 2 | — | 7 | 3 | — | — | 1 | 5 | 1 | 4 | 64 | 64 |
| Scoliosis | — | 1 | 1 | — | — | — | 1 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 4 | 4 |
| Other conditions | 3 | 3 | 4 | 3 | 1 | — | — | 2 | — | — | 1 | 1 | — | — | 2 | — | — | 2 | — | — | 22 | 653 |
| Genito Urinary System— | | | | | | | | | | | | | | | | | | | | | | |
| Albuminuria | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 | 2 |
| Nephritis | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Glycosuria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Developmental— | | | | | | | | | | | | | | | | | | | | | | |
| Phimosis | 3 | 5 | 11 | 3 | 1 | — | 1 | — | 7 | — | 1 | — | — | 2 | — | 1 | — | 4 | — | — | 1 | 3 |
| Hernia | 4 | 9 | 9 | — | 3 | 2 | 2 | 3 | 5 | — | 6 | — | 2 | 5 | 1 | — | 2 | 2 | 2 | 1 | — | 58 |
| Hydrocele | — | — | 1 | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Hypospadias | 1 | 1 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Microcephaly | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Webbed digits | — | 1 | 2 | — | — | 1 | — | — | 1 | — | — | — | — | 1 | — | — | — | 1 | — | — | — | — |
| Spina bifida | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Cleft Palate | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Congenital dislocation of hip | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Talipes Equino Varus | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 |
| Other conditions | 4 | 1 | 1 | — | — | 1 | 2 | — | 2 | — | 2 | 2 | — | — | — | — | 1 | — | — | — | 16 | 133 |
| Operations— | | | | | | | | | | | | | | | | | | | | | | |
| Circumcision | 10 | 9 | 4 | 19 | 5 | 2 | 5 | 2 | 3 | — | 7 | 2 | 2 | 6 | 1 | 3 | 3 | — | — | — | 3 | 86 |
| Herniotomy | 3 | 3 | 3 | 1 | — | 1 | — | 2 | 2 | — | — | 1 | 1 | 1 | — | — | 1 | — | — | — | 19 | 19 |
| Intussusception | 2 | — | — | 1 | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | 6 | 6 |
| Repair of Hare-lip and cleft palate | — | — | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | 2 | 2 |
| Appendicectomy | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | 2 | 2 |
| Rammstedt (pyloric stenosis) | 3 | — | 2 | 1 | 1 | 1 | — | — | — | — | — | — | — | 1 | — | — | — | — | 1 | 1 | 11 | 11 |
| Adenoidectomy | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 |
| Minor operations | 4 | 1 | 2 | 1 | — | 1 | — | — | — | — | — | 1 | — | 2 | — | — | — | — | 1 | — | 13 | 140 |
| TOTAL c/f | 545 | 393 | 619 | 218 | 175 | 161 | 145 | 193 | 186 | 18 | 262 | 71 | 118 | 351 | 50 | 28 | 127 | 126 | 69 | 88 | 3943 | 3943 |

Summary of Defects found in 12,448 examinations of children during the year 1954, classified according to Medical Inspection Clinics—(contd.)

| DEFECTS | 1 Orchard Place | 2 Firth Park | 3 Manor | 4 Broad- field | 5 Broom- hill | 6 Burn- greave | 7 Car- brook | 8 Chan- trey | 9 Darn- all | 10 Dore | 11 End- cliffe | 12 Green- hill | 13 Hands- worth | 14 Hills- boro' | 15 Tin- sley | 16 Totley | 17 Walk- ley | 18 Wood- house | 19 Parson Cross | 20 Wy- bourn | Sub- Total | Total |
|-----------------------------------|-----------------------|--------------------|------------|----------------------|---------------------|----------------------|--------------------|--------------------|-------------------|------------|----------------------|----------------------|-----------------------|-----------------------|--------------------|--------------|--------------------|----------------------|-----------------------|--------------------|---------------|-------|
| Total b/f | 545 | 393 | 619 | 218 | 175 | 161 | 145 | 193 | 186 | 18 | 262 | 71 | 118 | 351 | 50 | 28 | 127 | 126 | 69 | 88 | 3943 | 3943 |
| Organic disease— | | | | | | | | | | | | | | | | | | | | | | |
| Rickets ... | 3 | — | 4 | — | 1 | — | 2 | — | 1 | — | 2 | — | — | — | — | — | 1 | — | — | — | — | 14 |
| Anæmia ... | 2 | 3 | 2 | 1 | — | — | 2 | — | 1 | — | — | — | — | — | — | — | — | 1 | — | — | 2 | 14 |
| Pinks Disease ... | 1 | — | 2 | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | 1 | — | — | 5 |
| Convulsions ... | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 2 |
| Kernicterus ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Idiopathic fits ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Epilepsy ... | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | 1 |
| Tuberculosis ... | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | 2 |
| Other conditions ... | 1 | — | 1 | — | — | — | — | — | 1 | — | — | — | — | 1 | — | — | — | — | — | — | — | 4 |
| Enuresis ... | 11 | 16 | 19 | 3 | 2 | 4 | — | 3 | 6 | — | 5 | 5 | 3 | 11 | 1 | 3 | 1 | — | 1 | — | — | 94 |
| Thread Worms ... | 5 | 4 | 7 | — | 1 | 4 | 1 | 2 | 3 | — | — | — | 1 | 1 | — | — | — | 2 | — | — | — | 31 |
| Glands of neck enlarged | 111 | 51 | 82 | 41 | 38 | 27 | 27 | 33 | 50 | 3 | 37 | 11 | 32 | 43 | 2 | 1 | 20 | 29 | 1 | 12 | 651 | 651 |
| Total defects | 680 | 467 | 736 | 263 | 217 | 197 | 177 | 231 | 248 | 21 | 307 | 87 | 154 | 408 | 54 | 32 | 149 | 158 | 72 | 103 | 4761 | 4761 |
| Children without defects | 824 | 1101 | 1315 | 379 | 390 | 466 | 398 | 303 | 396 | 62 | 402 | 180 | 235 | 831 | 144 | 150 | 286 | 135 | 329 | 108 | 8434 | |
| Children with one or more defects | 519 | 432 | 657 | 221 | 192 | 170 | 154 | 179 | 183 | 16 | 240 | 78 | 138 | 373 | 46 | 33 | 127 | 99 | 80 | 77 | 4014 | |
| Total examinations | 1343 | 1533 | 1972 | 600 | 582 | 636 | 552 | 482 | 579 | 78 | 642 | 258 | 373 | 1204 | 190 | 183 | 413 | 234 | 409 | 185 | 12448 | |

Minor Ailments Clinics.—These are held at three of the Maternity and Child Welfare Centres, namely, Orchard Place, Firth Park, and Manor Centres, and children are referred from the Infant Consultation sessions for treatment for minor ailments. Details of attendances at these clinics are as follows :—

| Centre | Attendances of Children | | |
|-----------------------|-------------------------|-----------|-------|
| | Under 1 year | 1—5 years | Total |
| Orchard Place | 141 | 9 | 150 |
| Firth Park | 163 | 29 | 192 |
| Manor | 565 | 221 | 786 |
| TOTALS | 869 | 259 | 1,128 |

Ultra Violet Light Clinics.—Sessions are held at Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres. Children are referred by the medical officer at the Infant Consultations for a course of 24 treatments and reviewed before a further course is prescribed. The attendances in 1954 are shown below :—

| Centre | Attendances of Children | | |
|-----------------------|-------------------------|-----------|--------|
| | Under 1 year | 1—5 years | Total |
| Orchard Place | 94 | 7,905 | 7,999 |
| Firth Park | 1 | 5,619 | 5,620 |
| Manor | 152 | 5,559 | 5,711 |
| TOTALS | 247 | 19,083 | 19,330 |

Particulars follow of the total attendances of all cases and also of the number of new cases which attended in each of the past five years at all consultation and treatment clinics :—

| Year | Total Attendances of All Children | | | | | Total Children attending for first time | |
|------|--------------------------------------|----|----|----|---------|---|-------|
| 1950 | .. | .. | .. | .. | 114,938 | .. | 5,441 |
| 1951 | .. | .. | .. | .. | 121,310 | .. | 5,759 |
| 1952 | .. | .. | .. | .. | 107,458 | .. | 5,489 |
| 1953 | .. | .. | .. | .. | 103,148 | .. | 5,567 |
| 1954 | .. | .. | .. | .. | 97,048 | .. | 5,357 |

Children referred to Private Medical Practitioners or Hospital for treatment.—367 of the children who attended at the Centres during the year were referred by the medical staff to their private medical practitioners for treatment ; 66 were referred to hospitals ; 145 to the school clinic, and three to the Chest Clinic.

Distribution of Dried Milks and Nutrients during 1954.—At the Maternity and Child Welfare Centres the Government's Welfare Foods, Cod Liver Oil compound, tablets of vitamin A and D, National Dried Milk and concentrated orange juice are distributed. In addition, a number of proprietary brands of dried milk and nutrients, such as tablets of calcium sodium lactate, Ferrsolate, vitamin B, Virol, Malt, Halibut liver oil, Rose Hip Syrup, children's iron tonic, and proprietary brands of infant foods such as Robsoup, Farex, Robrex, Colact, Ovaltine and Lactagol, are available when ordered by the medical or health visitor staff. Expectant and nursing mothers and children under five years of age benefit by obtaining these items at ten per cent. above cost price, and free of charge in necessitous circumstances. The following list gives the various items sold during 1954 and this compares very favourably with the quantities sold in 1953. The details regarding these commodities are as follows :—

| Quantities Distributed | 1953 | 1954 |
|--|--------|--------|
| Ostermilk (dried milk) 1 lb. packets | 51,182 | 54,608 |
| Colact—1 lb. packets | 10,713 | 9,855 |
| Cow and Gate (dried milk)—1 lb. packets | 21,906 | 19,216 |
| Ovaltine— $\frac{1}{2}$ lb. tins | 33,581 | 36,353 |
| Farex—12 oz. packets | 9,388 | 9,455 |
| Robrex—8 oz. packets | 5,434 | 4,555 |
| Lactagol | 2,563 | 2,268 |
| Children's tonic—3, 6 and 18 oz. bottles | 1,222 | 982 |
| Adult tonic—12 oz. bottles | — | 157 |
| Calcium tablets—packets of 42 | 13,630 | 12,591 |
| Ferrous sulphate tablets—packets of 42 or 50 | 13,661 | 13,029 |
| Vitamin tablets—packets of 84 | 11,804 | 11,813 |
| Virol—6 oz. cartons | 7,705 | 5,215 |
| Halibut Liver Oil—5 cc. bottles | 8,188 | 9,375 |
| Malt Extract—1 lb. jars | 517 | 502 |
| Rose Hip Syrup—6 oz. bottles | 10,318 | 11,650 |
| Cod Liver Oil—24 oz. bottles | 34 | 11 |
| Robsoup—2 $\frac{1}{2}$ oz. tins | 3,029 | 3,962 |
| Citrate of Soda—small packets | 1,847 | 1,618 |

National Dried Milk and Vitamins.—On the 28th June, 1954, the distribution of welfare foods became the responsibility of the local health authorities throughout the country. By arrangement with the Ministry of Food, the Sheffield Health Department has distributed these foods since 1941, the local arrangement being made in the first place because of the popularity of the Maternity and Child Welfare Centres and their convenient situation throughout the City. It was considered that the mothers could collect their welfare foods while attending the clinics, and those who did not attend would be easily served from the clinic centres. The scheme has worked well throughout the 14 years it has been in operation. The following are details in regard to the distribution of these commodities in the years 1953 and 1954.

| Foods | Quantities Distributed | |
|---|------------------------|---------|
| | 1953 | 1954 |
| National Dried Milk—1½ lb. tins (No. of tins). | 93,967 | 95,968 |
| Cod Liver Oil—6 oz. bottles (No. of bottles). | 74,773 | 66,032 |
| Orange Juice—6 oz. bottles (No. of bottles). | 284,789 | 270,515 |
| Vitamins A and D Tablets—Packets of 45 tablets (No. of packets). | 20,024 | 19,970 |

It will be noted there is a drop in the uptake of Cod Liver Oil. However, most of the children under 12 months of age who attend the clinics are receiving Halibut Liver Oil in liquid form, as it is found that this agrees with the children better than Cod Liver Oil. In addition, most of these young children are prescribed Rose Hip Syrup.

MATERNITY AND NURSING HOMES.

No new premises were registered as Nursing Homes during the year. On the 31st December, 1954, there were 10 Nursing Homes on the register, providing accommodation for 25 maternity and 115 other cases, and these premises were visited as required.

CHILD MINDERS.

Under the Nurseries and Child Minders Regulation Act, 1948, three registrations have been granted for the care of a total of 35 children.

HOMES FOR MOTHERS AND BABIES AND HOMELESS CHILDREN.

In December, 1953, the Mother and Baby Home at 19-21, Hucklow Road, which is administered by the Council, was opened for admission of mothers and babies. The Home is intended for the care of unmarried girls and mothers in social difficulties with a view to rehabilitation where necessary.

During the year, 27 expectant mothers had some period in the Home, 16 before the baby was born—11 of whom returned with the baby—and 11 mothers who were admitted for the first time with the baby. The 16 mothers admitted prior to confinement spent 478 days in the Home, making an average of 30 days per mother. The 22 who were admitted post-natally with the baby spent 977 days in the Home, an average of 44 days per mother.

The following table gives details of the married and unmarried women who were in the Home, together with their destination on leaving, and particulars as to the care of the child :—

| Expectant Mother | | | Care of child on leaving the Home | | | | Destination of mother on leaving the Home | | | | | |
|------------------|---------|------------|-----------------------------------|----------|-------------------------|---------------|---|---------------------|------------------|---------------|-----------------------------|--------------------|
| Gravida | Married | Un-married | For adoption | Fostered | Dis-charged with mother | Still in Home | Re-turned Home | To lodging or rooms | To resident post | House of Help | Still awaiting con-finement | Still in with baby |
| 1 | 2 | — | — | 2 | — | — | — | — | 2 | — | — | — |
| 1 | — | 9 | 2 | — | — | — | 1 | 1 | — | — | — | — |
| | | | — | 1 | — | — | — | — | — | 1 | — | — |
| | | | — | — | 4 | — | 4 | — | — | — | — | — |
| 2 | — | 10 | — | — | — | — | — | — | — | — | 2 | — |
| | | | 7* | — | — | — | 3 | — | — | 3 | — | — |
| | | | — | 2 | — | — | 1 | — | — | 1 | — | — |
| 3 | 2 | — | — | — | — | — | — | — | — | — | 1 | 1 |
| 3 | 2 | — | 2 | — | — | — | 1 | — | — | 1 | — | — |
| 3 | — | 1 | — | — | — | — | — | — | — | 1 | — | — |
| 4 | 1 | — | — | — | — | — | — | — | — | — | — | — |
| 4 | 1 | — | — | — | 1 | — | — | 1 | — | — | — | — |
| 8 | 1 | — | — | — | — | — | — | — | 1 | — | — | — |
| TOTALS ... | 7 | 20 | 11 | 8 | 5 | 1 | 11 | 2 | 3 | 7 | 3 | 1 |

* Including one set of twins.

The residents during 1954 were found to belong mainly to the Church of England and the Roman Catholic Church. Arrangements were made for regular attendance at their place of worship, and visits were made to the Home by representatives of the Churches concerned.

Every effort is made to train the girls in good housekeeping, which includes general domestic work, kitchen duties and laundry work. Many were found to have no knowledge of house management and needed considerable training, both as to general cleanliness and the care of domestic equipment. It was found that the girls who had been in domestic service had a higher standard than the majority. Each girl is trained to care for her own baby, does the laundry work connected with the child, and attends to her own personal belongings, both from the point of view of cleanliness and repair. The girls are taught to knit baby garments from patterns and also to make garments which are cut out and prepared for them.

Books and magazines have been provided, but reading does not generally appeal to the girls. They are free each afternoon and occasionally go to the pictures. Visitors are allowed each evening and on Saturday afternoons.

Some of the girls have been very difficult, but others have responded well and benefited by their stay in the Home, and those who take the baby home with them have had a good training in mothercraft. Quite a number of the girls have visited the Home after they have left, and it is gratifying to know that they have appreciated the help given.

It has been found that the Home has served a useful purpose in the general care and rehabilitation of unmarried girls and mothers in difficult social positions, and in a number of cases girls have been helped over a difficult situation and have been received back into their own homes.

St. Agatha's Church of England Hostel, a home for unmarried expectant mothers, is situated at No. 22, Broomgrove Road and has a complement of 30 beds. After the confinements, which take place in hospital, the mothers return to the Home with their babies until the necessary arrangements can be made for the care of the baby and for the mother to resume work.

St. Margaret's Girls' Rescue and Maternity Home, Leeds, admits Roman Catholic unmarried expectant mothers from the Sheffield area.

The Salvation Army Home, at Kenwood Park Road, admits various classes of cases, including homeless children and girls who are lacking adequate control. The Sheffield Branch of Dr. Barnardo's Home also accepts homeless children.

Unmarried expectant mothers are, where necessary, admitted to Firvale Infirmary, which has been administered by the Sheffield Regional Hospital Board since 5th July, 1948, and homeless children are admitted into the Sheffield Children's Homes administered by the Council.

MASS RADIOGRAPHY.

A scheme for chest X-ray at the Mass Radiography Centre came into operation at the beginning of January, 1954, whereby expectant mothers attending the Maternity and Child Welfare Centre ante-natal clinics are given an appointment letter for chest X-ray. It is the aim of the clinic to make Mass Radiography a part of the initial ante-natal examination of expectant mothers. Where the report shows defects, the expectant mother is referred to the Chest Clinic or Hospital for full investigation where necessary and arrangements are made for hospital confinement.

During the year, 3,728 expectant mothers were offered Mass Radiography and of these, 770 failed to attend for various reasons ; of the remainder, in 2,870 cases the lung fields were clear, but in 88 cases conditions were found as shown in the statement below, and investigation was carried out on several of these expectant mothers.

The expectant mothers with tubercular lung lesions, either active or quiescent, were referred to the Chest Clinic for further X-ray investigation and treatment as required and for arrangements to be made for B.C.G. vaccination of the child. The mothers suffering from bronchitis were kept under careful supervision and referred to the family doctor if necessary. Those mothers found to have heart disease were booked to hospital for confinement and referred to the hospital ante-natal clinic to have specialist treatment for the lesion and admission to hospital for rest. All mothers whose reports showed " heart shadow enlarged " were re-examined and, where it was considered advisable, they were referred to the hospital heart specialist for full investigation and for his opinion of the heart. The mother suffering from chronic bronchiectasis was referred back to the hospital surgeon for his opinion and booked to hospital for confinement. It was found that the 18 cases with a chest or skeletal lesion had not required further investigation as the lesion did not in any way interfere with the course of the pregnancy or confinement.

Details of the abnormal conditions revealed by Mass Radiography are as follows :—

| | |
|---|----|
| Tuberculosis of the lung (active) | 9 |
| Tuberculosis of the lung (inactive) | 21 |
| Bronchitis | 10 |
| Cystic changes left lung—bronchiectasis | 1 |
| Pleural thickening following left lung re-section | 1 |
| Post pneumonia fibrosis | 1 |
| Other conditions with lung fields clear— | |
| Heart disease | 4 |
| Heart shadow enlarged | 25 |
| Heart displaced to left due to sternal depression | 2 |
| Flattening of right diaphragm | 5 |
| Elevation of diaphragm | 2 |
| Abnormality of ribs | 6 |
| Dorsal scoliosis | 1 |
| <hr/> | |
| TOTAL .. | 88 |
| <hr/> | |

The General Practitioner is, by arrangement, given the X-ray result of all his cases.

DAY NURSERIES.

"Nurseries of blooming Youth."—Wm. Wordsworth.

In the Annual Report for the year 1953, details were given of the closure of nine of the 17 Day Nurseries in the City following a survey which was carried out into the reasons for admission of children to the Nurseries.

At the same time, the Health Committee decided to apply the provisions of Ministry of Health Circular 23/52, which followed the National Health Service Act, 1952, and which authorised the "actual cost" of Day Nursery Services to be charged to parents, whereas previously the cost of food only had been charged. It was realised that the Ministry of Health expected every case to be assessed for charge in the light of the total family income after certain deductions had been made, a procedure which has led to a great deal of additional work for the clerical staff of the Department. The final result has been that those whose income is substantial pay the full cost of maintaining the child in the nursery, but those in poor circumstances can benefit from a reduced charge.

On the basis of the above, the maximum daily charge was increased early in 1954, and the effect of the rising cost of maintenance of a child in a Day Nursery has been reflected in a marked reduction in the average daily attendance. On the other hand, the Nurseries have been increasingly used in connection with cases of social difficulty, such as the unmarried mother, problem families, etc. Where the mother is the sole wage earner, the fees are adjusted to meet these circumstances, and in certain cases completely remitted by the Committee, who are always ready to give sympathetic consideration to special cases of hardship.

The Swinton Street Day Nursery was closed on 3rd July, 1954, and reductions have been made in the staff at the remaining seven Nurseries; the redundant staff have quickly been absorbed into other employment.

The average daily attendances in the Day Nurseries (Monday to Friday inclusive) are shown below :—

| Month | Average Daily Attendance | | | | | | | | | |
|--------------------------------------|-----------------------------|----|----|----|----|----|----|----|----|------|
| January | .. | .. | .. | .. | .. | .. | .. | .. | .. | 263 |
| February | .. | .. | .. | .. | .. | .. | .. | .. | .. | 203 |
| March | .. | .. | .. | .. | .. | .. | .. | .. | .. | 217 |
| April .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 160 |
| May .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 183 |
| June .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 179 |
| July .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 167* |
| August | .. | .. | .. | .. | .. | .. | .. | .. | .. | 147 |
| September | .. | .. | .. | .. | .. | .. | .. | .. | .. | 187 |
| October | .. | .. | .. | .. | .. | .. | .. | .. | .. | 180 |
| November | .. | .. | .. | .. | .. | .. | .. | .. | .. | 156 |
| December | .. | .. | .. | .. | .. | .. | .. | .. | .. | 138 |
| Average Daily Attendances, Year 1954 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 182 |

* One Day Nursery closed on 3rd July, 1954.

THE MATERNITY SERVICES

By Ann Kirk Black, M.B., Ch.B.,
Senior Assistant Maternity and Child Welfare Medical Officer

The work of the Maternity Section of the Maternity and Child Welfare Service continues very much on similar lines to past years. Every expectant mother who attends the Local Authority's clinics is examined medically and arrangements are made for her confinement according to her condition, home circumstances and, as far as she can be accommodated, her wishes.

On her initial attendance the expectant mother receives a complete medical examination and, according to the duration of the pregnancy, an obstetrical examination. Blood samples are taken for Wassermann test, blood group and Rhesus factor, and when considered necessary the expectant mother is referred to the laboratory at the City General Hospital for haemoglobin estimation and full blood count. If the expectant mother gives a history of tuberculosis or is a contact of a case of tuberculosis in the household, she is referred to the Chest Clinic for examination including X-ray, and arrangements are made for B.C.G. vaccination for the coming baby. If the mother has a lesion herself or is a contact of a positive case of tuberculosis in the household, segregation of the newly born infant is arranged until the period of immunity following the B.C.G. vaccination has been completed. The expectant mother with no history of tuberculosis or contact, is referred to the Mass Radiography Centre for chest X-ray. This arrangement works very satisfactorily and few mothers refuse to attend. The Health Visitor receives a notification of each expectant mother attending the clinic and she is asked to return to the office any information she may have on environmental conditions, mental health, tuberculosis, etc. which may be of value when arranging for the confinement.

When the expectant mother is found to be "normal" arrangements are made for the home to be visited by the personnel of the Domiciliary Service. The demand for hospital beds is extremely great, as fully 90% of the expectant mothers request hospital confinement. At the moment the house shortage creates difficulties, as many young married people are living in rooms either with their own people or with strangers. In making a decision as to the suitability of the home for confinement, several factors must be considered, e.g.:—

- (1) the house itself may be in a bad state of repair.
- (2) there may be overcrowding.
- (3) the house may be let off in rooms, e.g. several families living in a large house, each family having one or two rooms with the use of a communal kitchen and bathroom.

The human factor also is very important in assessing these cases. Where young people are living in rooms with their own relatives or strangers the home may be very suitable in every way, being clean and having sufficient accommodation, yet the tenant of the house may definitely refuse to have the trouble and disturbance of a home confinement. This is a problem with which we have to deal. Some tenants will often not hesitate to turn young people out of rooms if it is suggested that the accommodation is quite suitable and that the confinement could take place at home.

Other factors which have to be taken into account are:—

- (1) poverty, due to idleness or mental instability in a problem family.
- (2) illness of the husband or other relative in the house who may be expected to care for the mother during the puerperium.
- (3) the unmarried mother, whose social difficulties are naturally accentuated at such a time, and whose relatives generally refuse to have her at home for the confinement.

On these social grounds many normal cases must be given a bed in hospital for confinement. In the future, as the housing shortage cases and more houses are available, more expectant mothers may well wish to be delivered in their own homes.

Hospital confinement is considered when the expectant mother has any of the following conditions:—

- (1) medical lesion, such as tuberculosis, heart disease, neurological disease, rhesus incompatibility, etc.
- (2) obstetrical lesion, such as toxæmia of pregnancy, ante partum haemorrhage, small pelvis, tumours, multiple pregnancies, and mothers with previous history of abortions, forceps or Caesarean Section deliveries, still births or neonatal deaths.

In multigravidae, several factors should also be considered, such as age, number of pregnancies, and the closeness of successive pregnancies.

The Maternity Service should have three aims:—

- (1) to bring the mother safely through pregnancy, labour and puerperium.
- (2) to secure the birth of a healthy full time baby.
- (3) to see that the mother emerges from her lying in period as well as when she began her pregnancy.

Thus the role of the hospital becomes very definite as the place for abnormal midwifery in every sense. At the moment, of necessity, costly hospital beds must be used on social grounds, but it is hoped that, as new houses are built, this type of case will disappear and overcrowding of maternity units will be reduced. However, we must always bear in mind that in the training of pupil midwives a hospital which largely caters for normal midwifery, especially with a large percentage of primigravidae, must be available.

The Local Authority's clinic centres serve as an excellent clearing house ; expectant mothers in unlimited numbers may attend and, after examination, can be referred for home or hospital confinement. This is bound to reduce considerably attendances of expectant mothers at maternity hospital units where the hospital would be unable to accept for delivery all the patients who would present themselves. However, no clinic centre can work well unless supported by a sufficient number of ante-natal and lying in beds. Assurance must be given to every expectant mother who requests a bed in hospital for confinement and has to be refused and is asked to arrange for home delivery, that should anything go wrong during the ante-natal period, labour or in the lying in period, she will be admitted to hospital immediately. We have always been assured of this help from the hospitals.

For the mother who is delivered in her own home the Local Authority provides the services of a midwife ; gas and air analgesia is available ; a maternity pack is given ; the mother can apply for the services of a home help through the Domestic Help Service of the Local Authority ; and provision can be made for the care of the other children if necessary, either in a day nursery or a residential nursery, during the puerperium.

The Local Authority's Dental Service is open to all expectant mothers who are attending the clinic centres. The Service provides scaling, filling, extraction of teeth, and the supply of full or part dentures free of cost, and is also available during the post-natal period for one year after the birth of the child. This free service can only be granted through the Local Authority, but unfortunately far too few mothers avail themselves of these facilities.

Health education is now a very important feature of the Maternity and Child Welfare Service. The expectant mother, especially the primigravida, is advised to attend mothercraft classes for topical talks given by health visitors and midwives on personal hygiene, diet, breast feeding, nature of labour, dress making, etc. After the child is born, further talks are given on child care, feeding, hygiene of the infant, vaccination and immunisation. As the child reaches the toddler's age, mothers may attend for talks on infant problems such as jealousies, temper tantrums, refusal of food, etc. During the ante-natal period exercise and relaxation classes are held and later, in the post-natal period, exercise classes are continued.

SPECIAL DETAILED SURVEY OF 920 CASES (OCTOBER-DECEMBER, 1954).

The following is a Survey on 920 cases who attended the Maternity and Child Welfare Centre ante-natal clinics and who were confined or left the City during the quarter October-December, 1954.

| | | | | | | | | |
|----------------------------------|----|----|----|----|----|----|-------|-----|
| Booked for hospital delivery | .. | .. | .. | .. | .. | .. | 565 | |
| Booked for home delivery | .. | .. | .. | .. | .. | .. | 304 | |
| | | | | | | | — | 869 |
| Miscarried before booking | .. | .. | .. | .. | .. | .. | | 7 |
| Left the City before confinement | .. | .. | .. | .. | .. | .. | | 7 |
| Not pregnant | .. | .. | .. | .. | .. | .. | | 37 |
| | | | | | | | Total | 920 |
| | | | | | | | | — |

ANTE-NATAL CLASSIFICATION OF ALL BOOKED CASES

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|-----|-----|
| NORMAL IN ALL RESPECTS | .. | .. | .. | .. | .. | .. | .. | .. | 651 |
| ABNORMALITIES :— | | | | | | | | | |
| <i>Toxaemia of pregnancy</i> | | | | | | | | | |
| Pre-eclamptic toxaemia of pregnancy | .. | .. | .. | .. | .. | .. | .. | 18 | |
| Eclampsia | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Hypertension | .. | .. | .. | .. | .. | .. | .. | 12 | |
| Oedema | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 32 |
| <i>Cardio-Vascular System</i> | | | | | | | | | |
| Mitral Stenosis | .. | .. | .. | .. | .. | .. | .. | 3 | |
| Functional Systolic murmur | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Varicose veins | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Thrombo-phlebitis | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 6 |
| <i>Respiratory System</i> | | | | | | | | | |
| Tuberculosis-quiescent | .. | .. | .. | .. | .. | .. | .. | 7 | |
| „ -active | .. | .. | .. | .. | .. | .. | .. | 3 | |
| Pneumonia | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Fibrosis of lung | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 12 |
| <i>Digestive System</i> | | | | | | | | | |
| Appendicitis with appendicectomy | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 1 |
| <i>Haemopoietic System</i> | | | | | | | | | |
| Iron deficiency anaemia | .. | .. | .. | .. | .. | .. | .. | 17 | |
| Pernicious anaemia | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 18 |
| <i>Urinary System</i> | | | | | | | | | |
| B. coli pyelitis | .. | .. | .. | .. | .. | .. | .. | 12 | |
| B. coli pyelitis and dysentery | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Chronic nephritis | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 14 |
| <i>Nervous System</i> | | | | | | | | | |
| Poliomyelitis Paralysis | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Melancholia—mental depression | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Epilepsy | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 3 |
| <i>Other diseases</i> | | | | | | | | | |
| Congenital syphilis | .. | .. | .. | .. | .. | .. | .. | 2 | |
| Rheumatoid arthritis | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Left inguinal hernia | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 4 |
| <i>Conditions associated with pregnancy</i> | | | | | | | | | |
| Threatened miscarriage | .. | .. | .. | .. | .. | .. | .. | 4 | |
| Missed abortion | .. | .. | .. | .. | .. | .. | .. | 2 | |
| Miscarriage | .. | .. | .. | .. | .. | .. | .. | 14 | |
| Hydramnios | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Ante-partum haemorrhage | .. | .. | .. | .. | .. | .. | .. | 11 | |
| | | | | | | | | — | 32 |
| <i>Malpresentation</i> | | | | | | | | | |
| Breech, external version | .. | .. | .. | .. | .. | .. | .. | 59 | |
| Breech, failed version | .. | .. | .. | .. | .. | .. | .. | 8 | |
| Breech presentation | .. | .. | .. | .. | .. | .. | .. | 3 | |
| Transverse presentation, rectified | .. | .. | .. | .. | .. | .. | .. | 8 | |
| | | | | | | | | — | 78 |
| <i>Skeletal System</i> | | | | | | | | | |
| Contracted pelvis | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 1 |
| <i>Tumours complicating pregnancy</i> | | | | | | | | | |
| Fibroids | .. | .. | .. | .. | .. | .. | .. | 1 | |
| Benign ovarian cyst | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 2 |
| <i>Diseases of the ductless glands</i> | | | | | | | | | |
| Colloid goitre | .. | .. | .. | .. | .. | .. | .. | 1 | |
| | | | | | | | | — | 1 |
| | | | | | | | | — | 204 |
| Cases not classified, left the City | .. | .. | .. | .. | .. | .. | .. | 14 | |
| | | | | | | | | — | 14 |
| TOTAL | .. | .. | | | | | | 869 | |

Nutrition.—The general condition of the expectant mothers was found to be good. During attendance at the clinic they were prescribed Ministry of Food A & D vitamin tablets and orange juice, also Ferrosulphate, calcium sodium lactate, and Vitamin B tablets, in addition to Colact and Ovaltine. The survey reveals the following nutritional state in 869 expectant mothers :—

| | |
|-------------------------------|------------|
| Nutrition very good | 26 |
| Nutrition good | 712 |
| Nutrition fairly good | 124 |
| Defective nutrition | 7 |
| TOTAL | 869 |

The following shows the number of home booked cases for whom medical aid was called ante-natally, during the labour or puerperium and in certain cases for the baby during the first 14 days of life. Several mothers and babies were transferred to hospital.

Ante-natal Classification

| | |
|---------------------------------|----------|
| Post maturity | 1 |
| Oedema | 1 |
| Hypertension | 3 |
| Ante-partum haemorrhage | 2 |
| Insomnia | 1 |
| Pre eclampsia | 1 |
| TOTAL | 9 |

Three of the above cases were admitted to hospital.

In Labour

| | |
|--|-----------|
| Uterine inertia | 8 |
| Perineal tear | 29 |
| Perineal tear and pyrexia | 1 |
| Perineal tear and prematurity | 1 |
| Maternal distress | 2 |
| Twins | 1 |
| Manual removal of placenta | 1 |
| Episiotomy, post-partum haemorrhage | 1 |
| Post-partum haemorrhage | 2 |
| Retained placenta | 3 |
| Foetal distress | 1 |
| Doubtful presentation | 2 |
| Ruptured membranes and ante-partum haemorrhage | 1 |
| Puerperal pyrexia | 1 |
| Premature rupture of membranes | 1 |
| TOTAL | 55 |

Six of these cases were admitted to hospital and on two occasions the Flying Squad was used.

During Puerperium

| | |
|---|----------|
| Phlebitis | 1 |
| Cracked nipples | 1 |
| Mastitis | 2 |
| Secondary post-partum haemorrhage | 1 |
| Puerperal pyrexia | 1 |
| Bleeding from breasts | 1 |
| Otorrhoea | 1 |
| TOTAL | 8 |

For attention to Baby on account of :—

| | |
|---|-----------|
| Sticky eyes | 12 |
| Not gaining weight satisfactorily | 1 |
| Prematurity | 5 |
| Anoxia | 1 |
| Blisters—? pemphigus | 1 |
| Abnormality of scrotum | 1 |
| Malformation of rectum | 1 |
| Cyanosis | 1 |
| Melaena | 1 |
| Jaundice | 1 |
| Septic spots | 1 |
| TOTAL | 26 |

One baby was admitted to hospital.

Chest Examination.—All expectant mothers attending the ante-natal clinic are requested to attend the Mass Radiography Centre for routine examination. Where there is information that the mother is a contact of a tuberculous person or where the expectant mother has a chest lesion, she is recommended to attend the Chest Clinic. There is always a certain proportion of mothers who fail to attend as requested but they are gradually becoming aware of the necessity for this service and it is hoped that full co-operation will be obtained in time.

Out of the 869 cases dealt with, 641 attended the Mass Radiography Centre, 39 were X-rayed at the Chest Clinic and two at the City General Hospital. Two of the cases sent to the Mass Radiography Centre also attended the Chest Clinic.

Blood Grouping and Rhesus Factor.—Each expectant mother had the blood group and Rhesus factor ascertained. The Rhesus results were 707 positive and 161 negative : one mother left the City before blood samples were taken.

There were three cases of Rhesus incompatibility ; in one case the mother was blood group A, Rhesus negative, with an immune antibody Anti-C present ; in another case the mother was blood Group O, Rhesus negative, with an immune antibody Anti-D present ; in the remaining case the mother was blood group B, Rhesus negative, with an immune antibody Anti-D. These cases resulted in one baby being stillborn ; the other two babies were born alive and well and did not require an exchange transfusion.

Confinement Results.—Of the 869 cases in the Report, 20 left the City before confinement ; the nature of the results of the remaining 849 are shown below :—

| | | | | | | | |
|---------------------------------------|----|----|----|----|----|-------|-----------|
| Confinement normal, full time | .. | .. | .. | .. | .. | .. | 737 |
| Confinement normal, premature | .. | .. | .. | .. | .. | .. | 44 |
| Forceps delivery, full time | .. | .. | .. | .. | .. | .. | 32 |
| Breech delivery, full time | .. | .. | .. | .. | .. | .. | 12 |
| Breech delivery, premature | .. | .. | .. | .. | .. | .. | 1 |
| Caesarean Section, full time | .. | .. | .. | .. | .. | .. | 6 |
| Caesarean Section, premature | .. | .. | .. | .. | .. | .. | 1 |
| | | | | | | | <hr/> 833 |
| Miscarriages and evacuation of uterus | .. | .. | .. | .. | .. | .. | 16 |
| | | | | | | | <hr/> |
| | | | | | | TOTAL | 849 |
| | | | | | | | <hr/> |

The 833 confinements resulted in 817 live births and 25 still births ; being 434 males and 408 females. There were nine sets of twins.

The cause of the 25 still births was as follows :—

| | | | | | | | | | |
|-------------------------------|----|----|----|----|----|----|-------|----|-------|
| Macerated | .. | .. | .. | .. | .. | .. | .. | .. | 11 |
| Prematurity | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Rhesus incompatibility | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Congenital foetal deformities | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| Cause not evident | .. | .. | .. | .. | .. | .. | .. | .. | 9 |
| | | | | | | | | | <hr/> |
| | | | | | | | TOTAL | .. | 25 |
| | | | | | | | | | <hr/> |

The deaths below the age of four weeks were from the following causes :—

| | | | | | | | | | |
|--------------------------------------|----|----|----|----|----|----|-------|----|-------|
| Prematurity | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| Anencephaly | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Intracranial haemorrhage | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Meningomyelocele | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Atelectasis | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Atelectasis and subdural haemorrhage | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Incomplete expansion of the lungs | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| | | | | | | | | | <hr/> |
| | | | | | | | TOTAL | .. | 8 |
| | | | | | | | | | <hr/> |

Of the remaining 809 children, 804 were well at the 14th day. Of the other five children, one had a spina bifida and was under observation ; one child born in hospital was transferred to the Children's Hospital under the care of a paediatrician for investigation and observation ; one had cleft palate and was under the care of a paediatrician ; one had bilateral talipes equino varus and was referred to the orthopaedic surgeon, and the remaining child had a congenital heart lesion.

Infant Feeding.—At the 14th day 665 children were breast fed entirely, 43 had combined breast and artificial feeding and 58 were entirely on artificial feeds. In 43 cases the exact feeding was not recorded at 14 days.

History of Pregnancy, Housing, etc.—The following tables show the number of cases in each gravida who attended the clinic and the history of their previous pregnancies together with the details as to age at death of babies who died under one year of age : also particulars regarding housing and the result of the confinement which took place during the October/December quarter, 1954.

Hospital Booked Cases.

| Gra- vida | No. of expect- tant moth- ers | Result of previous pregnancies | | | | No. of babies who died at :— | | | | | Housing accommodation | | | Result of present pregnancy | | | Left City before deli- very |
|-------------------|---|-----------------------------------|---------------|-----------------|-----------------|------------------------------|-------------------------------------|---------------------------------------|---------------|----------------|--------------------------|-------|--------------|--------------------------------|-----------------|---|---|
| | | No. of preg- n'cies. | Live birth | Still- birth | Mis- car'ge. | Under one day | One day and under one week | One week and under one m'th. | 1—6 m'ths. | 6—12 m'ths. | House | Rooms | Cara- van | Live birth | Still- birth | Mis- carriage and Evacua- tion of Uterus | |
| 2 | 112 | 112 | 88 | 4 | 20 | 1 | 2 | — | — | — | 33 | 79 | — | 109 | 2 | — | 3 |
| 3 | 58 | 116 | 106 | 1 | 9 | 1 | 2 | 1 | 2 | 3 | 29 | 29 | — | 54 | 2 | 3 | — |
| 4 | 28 | 84 | 78 | 3 | 4 | — | 1 | — | 1 | — | 17 | 11 | — | 25 | 4 | — | — |
| 5 | 16 | 64 | 52 | 3 | 10 | 2 | — | — | — | — | 12 | 4 | — | 15 | — | 1 | — |
| 6 | 13 | 65 | 59 | — | 6 | — | — | 1 | 2 | — | 8 | 5 | — | 13 | — | — | — |
| 7 | 8 | 48 | 45 | 1 | 2 | 1 | 1 | — | 2 | — | 8 | — | — | 8 | — | — | — |
| 8 | 5 | 35 | 35 | 1 | — | — | — | — | — | — | 4 | 1 | — | 5 | — | — | — |
| 9 | 2 | 16 | 16 | — | 2 | — | — | 1 | 2 | 1 | 2 | — | — | 2 | — | — | — |
| 10 | 1 | 9 | 9 | — | — | — | — | — | — | 1 | 1 | — | — | 1 | — | — | — |
| 11 | 1 | 10 | 10 | — | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — |
| 13 | 2 | 24 | 18 | — | 6 | — | — | — | 1 | 3 | 2 | — | — | 1 | 1 | — | — |
| 14 | 1 | 13 | 11 | — | 2 | 1 | — | — | — | — | 1 | — | — | 1 | — | — | — |
| 15 | 1 | 14 | 13 | — | 1 | — | — | — | — | — | 1 | — | — | 1 | — | — | — |
| Primi- gravida | 248 | 610 | *540 | 13 | 62 | 6 | 6 | 3 | 10 | 8 | 119 | 129 | — | 236 | 9 | 4 | 3 |
| | 317 | | | | | | | | | | 96 | 220 | 1 | 293 | 11 | 5 | 11 |
| Total cases | 565 | | | | | | | | | | 215 | 349 | 1 | *529 | 20 | 9 | 14 |

* Including five sets of twins.

* Including seven sets of twins.

Home Booked Cases.

| Gra- vida | No. of expect- tant moth- ers | Result of previous pregnancies | | | | No. of babies who died at :— | | | | | Housing accommodation | | | Result of present pregnancy | | | Left City before deli- very |
|-------------------|---|-----------------------------------|---------------|-----------------|-----------------|------------------------------|-------------------------------------|---------------------------------------|---------------|----------------|--------------------------|-------|--------------|--------------------------------|-----------------|---|---|
| | | No. of preg- n'cies. | Live birth | Still- birth | Mis- car'ge. | Under one day | One day and under one week | One week and under one m'th. | 1—6 m'ths. | 6—12 m'ths. | House | Rooms | Cara- van | Live birth | Still- birth | Mis- carriage and Evacua- tion of Uterus | |
| 2 | 111 | 111 | 111 | — | — | — | — | — | 1 | — | 65 | 46 | — | 107 | 1 | 1 | 3 |
| 3 | 83 | 166 | 156 | 2 | 8 | 1 | — | 2 | 1 | — | 60 | 23 | — | 75 | 3 | 4 | 1 |
| 4 | 37 | 111 | 102 | 3 | 6 | 1 | — | 2 | — | 2 | 27 | 10 | — | 36 | 2 | — | — |
| 5 | 19 | 76 | 72 | — | 6 | — | 4 | — | 2 | 1 | 16 | 3 | — | 18 | — | 1 | — |
| 6 | 9 | 45 | 44 | — | 1 | — | — | — | — | — | 9 | — | — | 9 | — | — | — |
| 7 | 5 | 30 | 29 | — | 1 | — | — | — | 1 | 1 | 5 | — | — | 5 | — | — | — |
| 8 | 1 | 7 | 7 | — | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — |
| Primi- gravida | 265 | 546 | *521 | 5 | 22 | 2 | 4 | 4 | 5 | 4 | 183 | 82 | — | 251 | 6 | 6 | 4 |
| | 39 | | | | | | | | | | 6 | 33 | — | 37 | — | — | 2 |
| Total cases | 304 | | | | | | | | | | 189 | 115 | — | *288 | 6 | 6 | 6 |

* Including two sets of twins.

* Including two sets of twins.

PROBLEM FAMILIES

BY CATHERINE H. WRIGHT, M.B., CH.B., D.P.H.
Assistant Maternity and Child Welfare Medical Officer.

"All in all, he's a problem."—R. Burns.

Problem families have, during the last few years, come into increasingly sharper perspective as a challenge to our techniques in preventive medicine. The public conscience is also disturbed by these problems—their intractability, the wide range of difficulties that they represent and the financial, moral and human loss that they cause.

Observers were originally concerned with the physical squalor, poverty, general fecklessness and child neglect which characterise problem families as these obtrude themselves in a community with an ever rising standard of living, but as further investigations have been made, and families observed into the second generation, the far-reaching effects on children and adults of an upbringing in a Problem Family home have come to be understood. This more penetrating scrutiny has shifted the emphasis from the results of physical neglect to the effects of emotional neglect of children, at the same time exposing the futility of punishing parents for their parental inadequacies, and the damage which may result from removing children from their own family circle.

When one comes to consider the fate of the child born into the physically and emotionally unhealthy atmosphere of a Problem Family home one is reminded of Shakespeare's seven ages of Man.

First the infant, pallid, flabby, wrongly fed and always ailing. Then the toddler, undersized, unwashed, undisciplined and untrained. Next the schoolboy, absent from school because his mother stays in bed till midday, alarmingly ill-educated and apparently dull as a result. Then comes the lad, precociously delinquent, normally high spirited and, perhaps, abnormally destructive—but disarmingly free from all feeling of guilt or regret, and undeterred by punishment. Come the late teens and with them the unstable adolescent, the aggressive young tough, the neurotic and sexually uninhibited young female, both shallow and labile emotionally, lacking the maturing influence of parents united in their love for their children. Then marriage contracted inconsequently, and followed by parenthood as irresponsible and inept as it is fecund. Old age may be acted out in the family home, crowded and overflowing with grandchildren or, perhaps, in some common lodging house.

It is to the credit of the social conscience that a large variety of agencies, statutory and otherwise, are preoccupied with one or other of these seven ages, and that it is becoming more insistent that some planned attack should be made on the problem families. There are those whose concern stems from the fact that the considerable cost to the community of these families is out of all proportion to results so far achieved, others who are uneasy in the knowledge that the law is able to make little allowance for those who are victims of circumstances, compounded of heredity and an environment no aspect of which has ever been within their control—unless of course they be pronounced mentally defective or insane.

Much research is waiting to be done to discover the relative weight of responsibility attached to various factors which bring about the collapse or degradation of a family. Poverty, slum-housing, overcrowding, chronic illness, mental defect or instability, low moral standards and hereditary or acquired character defects are the ingredients of which most problem families are compounded: whatever the cause it acts early on the children of these families and is irreversible. Every social worker knows that those families in which defects of character or mental deficiency are present in one or both partners are unlikely to respond permanently to any at present conceived mode of rehabilitation.

During the last few years, this department has been attempting to assess the size of the problem in Sheffield, reviewing in particular those families who have children under five years of age. It is depressing to find that most of the families which might be regarded as fully developed show little hope of recovery, and these either limp along indefinitely, brooded over by case conferences, and propped up by as many as seven to ten agencies, or have to be broken up on account of neglect of the children. These are the families whose children are handicapped at every stage, and who reach marriageable age with poor standards of judgment in the matter of choosing a marriage partner or building a stable family circle.

Of 120 families under observation in Sheffield, 35 have now between them 106 children over 15 years of age. Of these 106 children in the families under observation, 45 (or 42%) have already appeared in Court at least once. In these same 35 families there are 39 of the children already married and the average age at marriage is low—approximately 21 years. Only nine of these 39 marriages are known or alleged to be satisfactory. In the case of nine others, information is not obtainable, or the parents have no knowledge of the whereabouts of the young couple—indeed in one case the mother is unaware of her daughter’s married name. Five of the marriages have already broken up. Of the remaining sixteen the family circumstances are known to be unhappy and unsatisfactory, *e.g.*, in seven cases the husband has frequent changes of job, in one the husband is in prison, and in one the wife is on probation.

If this then is the dragons’ harvest of problem families, at what point should Preventive Medicine break into the vicious circle of this social disease?

Since a socially healthy united family is the ideal to be aspired to, help should be given and freely available to these families which bear in them the seeds of failure, *e.g.*, the offspring of problem families, those with severe physical handicaps and the high grade mental defective who marries. Other cases of early breakdown can be detected by the Health Visitor who has considerable knowledge of, and contact with, all families from the birth of the first child. There have always been voluntary and statutory agencies willing to help as far as lay in their power, but what is necessary, at this more advanced stage of our appreciation of the nature of the work to be done, is co-ordination of effort and the tools for the job. It is often only too true that we do not know what tools to use and at what stage we should put them into use.

Although it has been found that 48 per cent. of the problem families in Sheffield are not overcrowded, the remaining 52 per cent. are living under overcrowded conditions, *e.g.*, in houses too small for a large family, or in lodgings with strangers or parents, conditions which strain the spirit of the most courageous and worthy young couples but make rehabilitation of the feckless a well nigh hopeless task.

Investigation into the death rate and cause of death in problem families is not easy, as some of the mothers are usually extremely vague as to the year of death and details as to cause of death of their children. Out of 87 families from which information was obtained, it was ascertained that a total of 562 children were born alive to these families, and 38 of the children (or 67·6 per 1,000 live births) in these problem families died. The 38 deaths were classified as—infections 27, congenital abnormalities 2, prematurity 4, and accidents 5. These deaths under age groups are shown below :—

| Age Group | Cause of Death | | | | | No. of Deaths | Total |
|---------------------|---|--|--|--|--|---------------|-------|
| 5 years and over | Diphtheria and meningitis at 5 years .. | | | | | 1 | |
| | Heart disease at 8 years | | | | | 1 | |
| | Tuberculosis after marriage | | | | | 1 | |
| | Drowning at 7 years | | | | | 1 | |
| | Bus accident at 5 years | | | | | 1 | |
| | | | | | | — | 5 |
| 1 and under 5 years | Broncho pneumonia | | | | | 3 | |
| | Whooping cough | | | | | 1 | |
| | | | | | | — | 4 |
| Under 1 year | Congenital abnormalities | | | | | 2 | |
| | Prematurity | | | | | 4 | |
| | Gastro-enteritis | | | | | 6 | |
| | Pneumonia | | | | | 9 | |
| | Whooping cough | | | | | 1 | |
| | Convulsions | | | | | 4 | |
| | Smothered | | | | | 3 | |
| | | | | | | — | 29 |
| | | | | | | | — |
| | TOTAL AT ALL AGES | | | | | | 38 |
| | | | | | | | == |

As this survey relates to the history of a number of families, the information obtained and enumerated above is spread over a number of years, and therefore the figure relating to deaths is not an annual death rate ; nevertheless, it is significant that 29 (or 51·6 per 1,000 of the live births) died under 1 year of age.

The average large size of the families concerned in this survey, namely 6·5 children, together with the high incidence of deaths from causes which can be related to lack of maternal care, ignorant (not necessarily wilful) neglect, and overcrowded living conditions, are strong arguments in favour of pressing for early provision of adequate houses for unsatisfactory families in the early years of their married life.

Until such time as Local Authorities are armed with wider powers to deal with problem families—powers to coerce, to interpret child neglect more broadly, to provide special housing accommodation so that adequate training may be carried out—there must be a cynical flavour in much of the effort at present being expended.

A great deal has been written in recent years on the need to keep families together. This is supported by the knowledge that children brought up in Institutions, resenting parental rejection, often fail to make good citizens, and those who have contact with neglected children are led, on this account, to stretch to its utmost their tolerance of unsatisfactory home conditions, so that families may remain united. It must not be forgotten that marriages are still contracted between individuals whose poor mental endowment renders them totally unfit for parenthood however closely they may be supervised, and until society is prepared to adopt a realistic and more radical approach to this particular group, much of the time and effort spent on these families will be unproductive of results. The danger of leaving children under the influence of neglectful and unfeeling parents lies in the fact that they may ultimately enter an institution already damaged beyond repair by their home environment. These tragedies should always represent errors of seasoned judgment, never a policy of financial expediency.

DENTAL SERVICES

*" Bid them wash their faces,
And keep their teeth clean."*

—Shakespeare (Coriolanus).

REPORT OF MR. E. COPESTAKE, L.D.S., SENIOR SCHOOL DENTAL SURGEON, on
the Dental Treatment provided in the School Health Service Dental Clinics for
Pre-School Children and Expectant and Nursing Mothers during 1954.

Patients referred by the Maternity and Child Welfare Services to the School Dental Clinics have been treated on what is estimated to be the equivalent of 212 half days or complete sessions. This represents approximately six per cent. of the total number of sessions during which the dental clinics were in use.

Pre-School Children.—These patients are examined by a medical officer of the Maternity and Child Welfare Service before attending the dental clinic, and a medical certificate is provided for each one stating whether or not the child is fit to receive a general anaesthetic. The appointment sent to the child is for attendance at the first available general anaesthetic session in the clinic nearest to the home address.

In the summary of treatment carried out, 161 children are stated to have been made "dentally fit." Parents usually refuse treatment other than extractions for these young children, and though they will sometimes submit to persuasion, with this parental background co-operation between child and dentist is not sufficiently good to allow of proper conservative work being carried out. The description "dentally fit" is meant to imply that teeth have been extracted and that the patient is expected to be free from sepsis and pain for a period of up to twelve months.

Expectant and Nursing Mothers.

Inspection.—Patients are first seen by a medical officer of the Maternity and Child Welfare Service and referred to the School Dental Service if dental treatment appears to be indicated. Provision is made for thirty new patients to be referred to the Central Dental Clinic on one session each two week period, for examination and advice. Although 470 mothers were referred to the dental clinic for inspection, only 299 kept the appointment given, and of these 280 accepted the treatment offered. That only 204 were treated and 160 made dentally fit is the result of patients not keeping the appointments given. Often they do not return for further treatment once the extraction of teeth is completed.

Conservation of teeth.—It was found that not more than five or six mothers were receiving regular dental inspection and treatment by a private practitioner. Treatment was found to be necessary in three of these patients, but they preferred to return to their own dentists to have the work carried out.

Patients who prefer not to have their teeth filled are those who do not attend regularly for treatment, and it is this type of patient who is found to require treatment when attending a Maternity and Child Welfare Clinic. Advice on the conservation of teeth was accepted to the extent that 176 teeth were filled during the year. The extraction of grossly carious and septic teeth was carried out when the acceptance of conservative treatment was refused, but dentures were not provided in such cases.

Extraction of Teeth.—Patients have the option of choosing between having teeth extracted under local or under general anaesthesia. For the extraction of 1,058 teeth, 118 local anaesthetics and 190 general anaesthetics were given. Before a general anaesthetic is administered, a certificate of fitness is provided by a medical officer of the Maternity and Child Welfare Service. Except in unusual cases of urgency, the general anaesthetics were administered by the dental anaesthetist to the School Dental Service.

Occupation Centre.—22 children under 16 years of age, attending the Pitsmoor Road Occupation Centre, were inspected during the year. Of the fifteen found to require treatment, the parents of one refused to accept the treatment offered. Although every appointment made was kept, it was found impossible, without the use of force, to treat six of the boys, and for the remaining number, 8 temporary and 14 permanent teeth were extracted under general anaesthesia.

Provision of Dentures.—The whole of the work involved in making dentures was carried out by a full-time dental technician in the laboratory maintained by the School Dental Service.

X-rays.—A dental X-ray apparatus and darkroom are part of the equipment and facilities provided in the Central Clinic. Through the use of these, the diagnosis was made of a long standing infected dental cyst. The Consultant Dental Officer of the Charles Clifford Dental Hospital kindly removed this in the operating theatre and his co-operation was very much appreciated.

Oral Hygiene.—An oral hygienist was employed for the first eight months of the year. The number of sessions devoted to work in the surgery on mothers was 23. For these sessions, 129 appointments were made, 72 appointments were kept, and scaling and gum treatment was completed for 37 patients. Individual instruction was given to patients on maintaining the mouth in a healthy, clean condition. On five sessions, the oral hygienist took part in group talks on “Mothercraft” organised by the Maternity and Child Welfare Service.

Conclusion.—Although the large number of appointments broken invariably results in loss of time and makes the average cost of treatment per individual higher than it would otherwise be, it is felt that the majority of the patients seen would neglect to obtain the treatment required were it not for the efforts of the staff of the Maternity and Child Welfare Service in persuading mothers to attend the school dental clinics. The examination of the summaries of treatment for 1953 and 1954 shows that during the latter year more patients received treatment and, though less conservative work was carried out, a much greater number of teeth were extracted and more dentures fitted.

Non-Medical Supervisor of Midwives.

Breast Feeding.—Of the 2,726 confinements at which the Midwives were present during the year, 2,290 of the infants were wholly breast fed when the Midwife ceased attendance at the 14th day of life.

Medical Aid Calls.—There were 556 cases in which medical aid was summoned by Midwives during the year under Section 14(1) of the Midwives Act, 1918, as against 623 in 1953. Particulars of these calls are as follow :—

| | | | | | | |
|---|----|----|----|----|----|-------|
| Condition occurring during Pregnancy | .. | .. | .. | .. | .. | 55 |
| Condition occurring during Labour :— | | | | | | |
| (a) Laceration of perineum | .. | .. | .. | .. | .. | 167 |
| (b) Other Causes | .. | .. | .. | .. | .. | 108 |
| | | | | | | — 275 |
| Condition occurring during Puerperium :— | | | | | | |
| (a) Pyrexia | .. | .. | .. | .. | .. | 33 |
| (b) Other Causes | .. | .. | .. | .. | .. | 36 |
| | | | | | | — 69 |
| Condition occurring in respect of Infant :— | | | | | | |
| (a) Discharging Eyes | .. | .. | .. | .. | .. | 72 |
| (b) Other Causes | .. | .. | .. | .. | .. | 85 |
| | | | | | | — 157 |
| | | | | | | — |
| TOTAL | .. | .. | .. | .. | .. | 556 |

Maternity Packs.—Sterilised Maternity Outfits were supplied throughout the year for use at all home confinements.

Pupil Midwives.—24 pupil midwives received training during the year with the approved district teachers in preparation for the Part II Examination of the Central Midwives' Board.

Midwives' Meetings.—Meetings of the Midwives were held monthly throughout the year, and use has been made of the film projector for the showing of film strips to the staff.

Post-graduate Courses.—Owing to shortages of staff, no Midwives attended post-graduate courses during 1954.

Domiciliary Care of Premature Infants.—This service commenced on the 4th April, 1952, when two Midwives were seconded to the work, each having spent one month in Newcastle-upon-Tyne, working with the special unit caring for Premature Infants in that City.

Eight sets of equipment to help in the nursing of these infants are available free of charge, each comprising of the following items :—

Cot, mattress, blankets and bedding, hot-water bottles, wall thermometers, cot thermometers and feeding equipment.

Two Queen Charlotte Oxygen Tents are also available and, although oxygen has not yet been used on the district, the tents have proved useful incubators.

The equipment is housed at Firth Park Welfare Centre and transport is provided by the Ambulance Service.

The following statement gives a summary of the work carried out during the year 1954 by the midwives seconded to this work :—

INFANTS BORN AT HOME.

| Weight Group | Number of Infants Born | Remarks | Feeding on Discharge | Number of Visits |
|---------------------------|------------------------|---|--|------------------|
| 2½ lbs. and under | None | — | — | — |
| 2 lbs. 9 ozs.— 3½ lbs. | 2 | 2 removed to hospital. | — | 19 |
| 3 lbs. 9 ozs.— 4½ lbs. | 18 | 16 nursed satisfactorily. 2 removed to hospital. | 11 breast feeding. 5 complementary feeding. 2 artificial feeding. | 711 |
| 4 lbs. 9 ozs.— 5½ lbs. | 39 | 38 nursed satisfactorily. 1 removed to hospital. | 21 breast feeding. 10 complementary feeding. 8 artificial feeding. | 1,015 |

INFANTS BORN IN HOSPITAL AND DISCHARGED TO CARE OF PREMATURE UNIT.

| Weight Group | Number of Infants Born | Remarks | Feeding on Discharge | Number of Visits |
|---------------------------|------------------------|------------------------|---|------------------|
| 2½ lbs. and under | — | — | — | — |
| 2 lbs. 9 ozs.— 3½ lbs. | 6 | Nursed satisfactorily. | 1 breast feeding. 5 artificial feeding. | 41 |
| 3 lbs. 9 ozs.— 4½ lbs. | 14 | Nursed satisfactorily. | 4 breast feeding. 2 complementary feeding. 8 artificial feeding. | 99 |
| 4 lbs. 9 ozs.— 5½ lbs. | 28 | Nursed satisfactorily. | 14 breast feeding. 6 complementary feeding. 8 artificial feeding. | 215 |

Note :— During an acute shortage of midwives, at one period of the year there was no midwife to specialise in this work. During this time 50 infants who were 5½ lbs. or under in weight (including four sets of twins), were born at home and were nursed by the midwives booked for those particular confinements. Of this number, 11 infants were transferred to hospital and three infants died, three of the former and one of the latter being emergency calls, no preparations having been made. The remaining 36 infants were discharged satisfactorily, 28 being wholly breast-fed, four artificially fed and four part breast and part artificially fed.

General Care of Premature Infants.—During 1954, 122 premature infants were born alive at home and 368 were born alive in hospital or nursing home to Sheffield residents. 15 small or feeble infants were transferred from home to hospital. There was a slight increase in the number of premature infants born in 1954 over the preceding three years, but the increase in numbers has been mainly in the weight group 4 lbs. 15 ozs. to 5 lbs. 8 ozs. and the survival rate in this group has always been more satisfactory. The rate of survival of the very small immature infant is very poor ; of the 49 infants weighing 3 lbs. 4 ozs. or less at birth, only 14 were alive at the end of the 28 day period. 25 deaths were classified as prematurity and in 10 cases there was an additional lesion which contributed directly to the cause of death. Details of these 10 cases are as follows :—

| | | | | | |
|---|----|----|----|----|---|
| Prematurity associated with cerebral haemorrhage | .. | .. | .. | .. | 3 |
| Prematurity and atelectasis | .. | .. | .. | .. | 2 |
| Prematurity and Rhesus incompatibility | .. | .. | .. | .. | 1 |
| Prematurity and broncho pneumonia | .. | .. | .. | .. | 1 |
| Prematurity with cerebral haemorrhage with bilateral absence of kidneys | .. | | | | 1 |
| Prematurity and rupture of liver | .. | .. | .. | .. | 1 |
| Prematurity and anencephaly | .. | .. | .. | .. | 1 |

Of the 441 premature infants who weighed over 3 lbs. 4 ozs. to 5 lbs. 8 ozs., 34 died during the first 28 days : of these deaths, 11 were classified as prematurity but the cause of the prematurity was not always evident. Of the remainder, in 23 cases the prematurity was associated with other lesions, such as cerebral haemorrhage, multiple foetal deformities, atelectasis, broncho pneumonia, toxæmia of pregnancy, oedema of brain and ante partum haemorrhage.

The 421 infants who were alive and well at the 28th day of life were carefully followed up. It has been found that seven of these infants died between the age of one month and nine months. The causes of death in the seven cases were :—

| | | | | | | | | |
|---|----|----|----|----|----|----|----|---|
| Bronchopneumonia | .. | .. | .. | .. | .. | .. | .. | 4 |
| Convulsions and congenital heart lesion | .. | .. | .. | .. | .. | .. | .. | 1 |
| Meningitis | .. | .. | .. | .. | .. | .. | .. | 1 |
| Hydrocephaly | .. | .. | .. | .. | .. | .. | .. | 1 |

During 1954 there were 102 premature stillborn babies to Sheffield residents in all the weight groups ; 79 children were born in hospital, 21 were born at home and two in a nursing home. This number shows a marked increase over the premature stillbirths for 1953, when there were 89 ; of that number, 75 were born in hospital, 13 at home and one in a nursing home. The details are as follows in the various weight groups for 1954 :—

| Weight at birth | Born in Hospital | Born at Home | Born in Nursing Home | Total |
|-----------------------------------|---------------------|-----------------|-------------------------|-------|
| 3 lbs. 4 ozs. or less | 38 | 9 | — | 47 |
| Over 3 lbs. 4 ozs.—4 lbs. 6 ozs. | 26 | 3 | — | 29 |
| Over 4 lbs. 6 ozs.—4 lbs. 15 ozs. | 7 | 2 | 2 | 11 |
| Over 4 lbs. 15 ozs.—5 lbs. 8 ozs. | 7 | 3 | — | 10 |
| Not weighed | 1 | 4 | — | 5 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| TOTALS | 79 | 21 | 2 | 102 |
| | <hr/> | <hr/> | <hr/> | <hr/> |

Information is given in the statement below regarding the 490 premature babies born in 1954 to mothers who were resident in the City.

| | Born at Home | | | | Born in Hospital or Nursing Home |
|-------------------------|--------------|----|----|--------|-------------------------------------|
| Died in first 24 hours | .. | .. | .. | 4 | 36 |
| Died on 2nd to 7th day | .. | .. | .. | 5 | 22 |
| Died on 8th to 28th day | .. | .. | .. | 1 | 1 |
| Survived 28 days | .. | .. | .. | 112 | 309 |
| | | | | <hr/> | <hr/> |
| | | | | TOTALS | 122* |
| | | | | <hr/> | <hr/> |

* Of the 122 babies born at home, 107 were nursed entirely at home and 15 were transferred to Hospital.

Of the 15 transferred to Hospital, two died during the first 24 hours, four died on the 2nd to 7th day, one died on the 8th to 28th day, and eight survived 28 days.

Further information is given in the following tables with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1954 and during the past eight years.

TABLE XXIV.—*Premature Babies born alive to*

| Weight at Birth | Total | Survived 28 days | Died under 28 days | Result not known | % survived 28 days | BORN IN HOSPITAL OR NURSING | | | |
|-----------------------------------|-------|---------------------|-----------------------------|------------------------|--------------------------|-----------------------------|---------------------|-----------------------------|------------------------|
| | | | | | | Total | Survived 28 days | Died under 28 days | Result not known |
| 1947 | | | | | | | | | |
| Up to 2 lb. 8 oz. ... | 31 | 4 | 27 | — | | 26 | 4 | 22 | — |
| 2 lb. 9 oz.—3 lb. 8 oz. ... | 51 | 12 | 39 | — | | 27 | 9 | 18 | — |
| 3 lb. 9 oz.—4 lb. 8 oz. ... | 131 | 106 | 25 | — | | 88 | 76 | 12 | — |
| 4 lb. 9 oz.—5 lb. 8 oz. ... | 395 | 372 | 23 | — | | 236 | 223 | 13 | — |
| TOTAL ... | 608 | 494 | 114 | — | 81.2 | 377 | 312 | 65 | — |
| 1948 | | | | | | | | | |
| Up to 2 lb. 8 oz. ... | 25 | 3 | 22 | — | | 21 | 2 | 19 | — |
| 2 lb. 9 oz.—3 lb. 8 oz. ... | 47 | 20 | 27 | — | | 33 | 16 | 17 | — |
| 3 lb. 9 oz.—4 lb. 8 oz. ... | 111 | 91 | 20 | — | | 77 | 66 | 11 | — |
| 4 lb. 9 oz.—5 lb. 8 oz. ... | 355 | 332 | 23 | — | | 204 | 189 | 15 | — |
| TOTAL ... | 538 | 446 | 92 | — | 82.9 | 335 | 273 | 62 | — |
| 1949 | | | | | | | | | |
| Up to 2 lb. 8 oz. ... | 39 | 1 | 38 | — | | 32 | 1 | 31 | — |
| 2 lb. 9 oz.—3 lb. 8 oz. ... | 50 | 18 | 32 | — | | 37 | 13 | 24 | — |
| 3 lb. 9 oz.—4 lb. 8 oz. ... | 102 | 81 | 21 | — | | 70 | 60 | 10 | — |
| 4 lb. 9 oz.—5 lb. 8 oz. ... | 307 | 288 | 19 | — | | 192 | 175 | 17 | — |
| TOTAL ... | 498 | 388 | 110 | — | 77.9 | 331 | 249 | 82 | — |
| 1950 | | | | | | | | | |
| Up to 2 lb. 8 oz. ... | 29 | 2 | 27 | — | | 26 | 2 | 24 | — |
| 2 lb. 9 oz.—3 lb. 8 oz. ... | 48 | 25 | 23 | — | | 39 | 20 | 19 | — |
| 3 lb. 9 oz.—4 lb. 8 oz. ... | 114 | 91 | 23 | — | | 81 | 64 | 17 | — |
| 4 lb. 9 oz.—5 lb. 8 oz. ... | 321 | 302 | 19 | — | | 214 | 203 | 11 | — |
| Weight not stated ... | 3 | 1 | 2 | — | | — | — | — | — |
| TOTAL ... | 515 | 421 | 94 | — | 81.7 | 360 | 289 | 71 | — |
| 1951 | | | | | | | | | |
| 2 lb. 3 oz. or less ... | 15 | — | 15 | — | | 12 | — | 12 | — |
| Over 2 lb. 3 oz.—3 lb. 4 oz. ... | 31 | 16 | 15 | — | | 24 | 13 | 11 | — |
| Over 3 lb. 4 oz.—4 lb. 6 oz. ... | 89 | 68 | 21 | — | | 72 | 57 | 15 | — |
| Over 4 lb. 6 oz.—4 lb. 15 oz. ... | 110 | 93 | 17 | — | | 82 | 69 | 13 | — |
| Over 4 lb. 15 oz.—5 lb. 8 oz. ... | 232 | 220 | 11 | 1 | | 133 | 125 | 8 | — |
| Weight not stated ... | 1 | — | 1 | — | | — | — | — | — |
| TOTAL ... | 478 | 397 | 80 | 1 | 83.1 | 323 | 264 | 59 | — |
| 1952 | | | | | | | | | |
| 2 lb. 3 oz. or less ... | 14 | 1 | 13 | — | | 13 | 1 | 12 | — |
| Over 2 lb. 3 oz.—3 lb. 4 oz. ... | 30 | 15 | 15 | — | | 28 | 15 | 13 | — |
| Over 3 lb. 4 oz.—4 lb. 6 oz. ... | 92 | 75 | 17 | — | | 75 | 59 | 16 | — |
| Over 4 lb. 6 oz.—4 lb. 15 oz. ... | 106 | 97 | 9 | — | | 80 | 72 | 8 | — |
| Over 4 lb. 15 oz.—5 lb. 8 oz. ... | 227 | 214 | 12 | 1 | | 165 | 156 | 8 | 1 |
| Not weighed ... | 3 | — | 3 | — | | — | — | — | — |
| TOTAL ... | 472 | 402 | 69 | 1 | 85.2 | 361 | 303 | 57 | 1 |
| 1953 | | | | | | | | | |
| 3 lb. 4 oz. or less ... | 49 | 14 | 35 | — | | 42 | 10 | 32 | — |
| Over 3 lb. 4 oz.—4 lb. 6 oz. ... | 93 | 75 | 18 | — | | 79 | 62 | 17 | — |
| Over 4 lb. 6 oz.—4 lb. 15 oz. ... | 110 | 101 | 9 | — | | 91 | 83 | 8 | — |
| Over 4 lb. 15 oz.—5 lb. 8 oz. ... | 222 | 213 | 9 | — | | 154 | 146 | 8 | — |
| TOTAL ... | 474 | 403 | 71 | — | 85.0 | 366 | 301 | 65 | — |
| 1954 | | | | | | | | | |
| 3 lb. 4 oz. or less ... | 49 | 14 | 35 | — | | 46 | 13 | 33 | — |
| Over 3 lb. 4 oz.—4 lb. 6 oz. ... | 97 | 80 | 17 | — | | 79 | 65 | 14 | — |
| Over 4 lb. 6 oz.—4 lb. 15 oz. ... | 104 | 95 | 9 | — | | 83 | 77 | 6 | — |
| Over 4 lb. 15 oz.—5 lb. 8 oz. ... | 239 | 232 | 7 | — | | 159 | 154 | 5 | — |
| Not weighed ... | 1 | — | 1 | — | | 1 | — | 1 | — |
| TOTAL ... | 490 | 421 | 69 | — | 85.9 | 368 | 309 | 59 | — |
| Total for years 1947–1954 | 4073 | 3372 | 699 | 2 | 82.8 | 2821 | 2300 | 520 | 1 |

NOTE.—During the years 1951 and 1952, the weights at birth are shown in five groups as compared

Sheffield Residents, Years 1947-1954.

| HOME | | BORN AT HOME | | | | | | | | | |
|--------------------------|-------------------------------|----------------------------------|-------------------------------|-----------------------------|----------------------------|-----------------------------|---|----------------------------|-----------------------------|----------------------------|--------------------------|
| % survived 28 days | Total born at Home | Nursed entirely at Home | Survived 28 days | Died under 28 days | Result not known | % survived 28 days | Born at home and transferred to Hospital | Survived 28 days | Died under 28 days | Result not known | % survived 28 days |
| | 5 24 43 159 | 3 19 41 149 | — 3 29 143 | 3 16 12 6 | — — — — | | 2 5 2 10 | — — 1 6 | 2 5 1 4 | — — — — | |
| 82.8 | 231 | 212 | 175 | 37 | — | 82.5 | 19 | 7 | 12 | — | 36.8 |
| | 4 14 34 151 | 2 9 29 141 | — 3 23 134 | 2 6 6 7 | — — — — | | 2 5 5 10 | 1 1 2 9 | 1 4 3 1 | — — — — | |
| 81.5 | 203 | 181 | 160 | 21 | — | 88.4 | 22 | 13 | 9 | — | 59.1 |
| | 7 13 32 115 | 7 8 23 109 | — 2 17 107 | 7 6 6 2 | — — — — | | — 5 9 6 | — 3 4 6 | — 2 5 — | — — — — | |
| 75.2 | 167 | 147 | 126 | 21 | — | 85.7 | 20 | 13 | 7 | — | 65.0 |
| | 3 9 33 107 3 | — 8 22 101 1 | — 5 20 94 — | — 3 2 7 1 | — — — — — | | 3 1 11 6 2 | — — 7 5 1 | 3 1 4 1 1 | — — — — — | |
| 80.3 | 155 | 132 | 119 | 13 | — | 90.2 | 23 | 13 | 10 | — | 56.5 |
| | 3 7 17 28 99 1 | 2 1 11 21 91 1 | — 1 8 21 90 — | 2 — 3 — — 1 | — — — — 1 — | | 1 6 6 7 8 — | — 2 3 3 5 — | 1 4 3 4 3 — | — — — — — — | |
| 81.7 | 155 | 127 | 120 | 6 | 1 | 94.5 | 28 | 13 | 15 | — | 46.4 |
| | 1 2 17 26 62 3 | — 1 13 24 57 2 | — — 12 24 53 — | — 1 1 — 4 2 | — — — — — — | | 1 1 4 2 5 1 | — — 4 1 5 — | 1 1 — 1 — 1 | — — — — — — | |
| 83.9 | 111 | 97 | 89 | 8 | — | 91.8 | 14 | 10 | 4 | — | 71.4 |
| | 7 14 19 68 | 5 7 17 66 | 2 7 16 66 | 3 — 1 — | — — — — | | 2 7 2 2 | 2 6 2 1 | — 1 — 1 | — — — — | |
| 82.2 | 108 | 95 | 91 | 4 | — | 95.8 | 13 | 11 | 2 | — | 84.6 |
| | 3 18 21 80 | 1 11 18 77 | — 11 17 76 | 1 — 1 1 | — — — — | | 2 7 3 3 | 1 4 1 2 | 1 3 2 1 | — — — — | |
| 84.0 | 122 | 107 | 104 | 3 | — | 97.2 | 15 | 8 | 7 | — | 53.3 |
| 81.5 | 1252 | 1098 | 984 | 113 | 1 | 89.6 | 154 | 88 | 66 | — | 57.1 |

with four in other years.

TABLE XXV.—Premature Babies born alive to Sheffield Residents during the Year 1954.

| | 3 lbs. 4 ozs. or less | Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs. | Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs. | Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs. | Not weighed | Total |
|--------------------------------------|--------------------------|--|---|---|----------------|-------|
| Born at Home | 3 | 18 | 21 | 80 | — | 122 |
| Born in Hospital or Nursing Home ... | 46 | 79 | 83 | 159 | 1 | 368 |
| Grand Total—Premature Babies ... | 49 | 97 | 104 | 239 | 1 | 490 |
| Died in First 24 hours. | | | | | | |
| Born at home | 1 | 1 | 2 | — | — | 4 |
| Born in hospital or Nursing home | 22 | 5 | 4 | 4 | 1 | 36 |
| | 23 | 6 | 6 | 4 | 1 | 40 |
| Died on 2nd to 7th day. | | | | | | |
| Born at home | 1 | 2 | 1 | 1 | — | 5 |
| Born in hospital or nursing home | 10 | 9 | 2 | 1 | — | 22 |
| | 11 | 11 | 3 | 2 | — | 27 |
| Died on 8th to 28th day. | | | | | | |
| Born at home | — | — | — | 1 | — | 1 |
| Born in hospital or nursing home | 1 | — | — | — | — | 1 |
| | 1 | — | — | 1 | — | 2 |
| Total who died during first 28 days. | | | | | | |
| Born at home | 2 | 3 | 3 | 2 | — | 10 |
| Born in hospital or nursing home | 33 | 14 | 6 | 5 | 1 | 59 |
| | 35 | 17 | 9 | 7 | 1 | 69 |
| Total who survived 28 days. | | | | | | |
| Born at home | 1 | 15 | 18 | 78 | — | 112 |
| Born in hospital or nursing home | 13 | 65 | 77 | 154 | — | 309 |
| | 14 | 80 | 95 | 232 | — | 421 |

Percentages of those born at home who died during the first 28 days ... 66·7% (2) 16·7% (3) 14·3% (3) 2·5% (2) — 8·2% (10)

Percentage of those born in hospital or nursing home who died during the first 28 days 71·7% (33) 17·7% (14) 7·2% (6) 3·1% (5) 100% (1) 16·0% (59)

Percentage of all premature babies who died during the first 28 days ... 71·4% (35) 17·5% (17) 8·7% (9) 2·9% (7) 100% (1) 14·1% (69)

| | | |
|--|--------------------------------------|--|
| Total Live Births to Sheffield Residents Notified during 1954 6,779 | Number of Premature Births 490 | Percentage of Premature Births to Total Live Births 7·23% |
| Total Still Births to Sheffield Residents Notified during 1954 173 | Number of Premature Births 490 | Percentage of Total Still Births to Premature Births 35·31% |

49 (0·72%) of all live births weighed 3 lbs. 4 ozs. or less.
97 (1·43%) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.
104 (1·53%) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.
239 (3·53%) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.
1 Baby was not weighed.

HEALTH VISITING

by MISS I. LITTLEWOOD, S.R.N., S.C.M., H.V. Cert., Superintendent Health Visitor

“O nurse, how can this be prevented?”—Shakespeare (Romeo and Juliet).

At the end of the year 1954, the staff of Health Visitors consisted of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor, two Superintendents of Infant Welfare Centres, and 34 full-time qualified Health Visitors. In addition there were two Student Health Visitors, both of whom were taking the training course and will return to the Department on obtaining the Health Visitors' Certificate and remain for at least two years.

The Health Visitors are required to undertake visiting for the purpose of general supervision in connection with the care of expectant and nursing mothers and young children, and, under the National Health Service Act, 1946, this function has been extended to include the general care and health education of the household as a whole. In this work their activities extend into the field of prevention of illness, and care and after-care for all members of the family. The Health Visitor is developing into the general purpose social worker for which her training as a nurse and midwife, together with the special training required to qualify as a Health Visitor, is eminently suitable. Her work brings her into contact with the family at times when the outlook arising as a result of this training is appreciated.

Ten Health Visitors are attached to the hospital in their respective areas, and they visit the hospital Almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person likely to be discharged from hospital. In the case of a child, where the home conditions are unsuitable for immediate reception, discharge from hospital is delayed until satisfactory arrangements can be made. Emergency cases are dealt with by telephone. Information is given to the Health Visitor for the district in which the out-going patient lives, and she arranges for the necessary help to be given, *e.g.*, services of a domestic help, bedding, diet, reports to the Medical Officer of Health in cases of housing difficulties, and those matters which need to be referred to other Departments and outside Authorities.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patient to keep under regular supervision and continue with the necessary treatment. A report is sent to the hospital in all these cases.

During the past year contact with General Practitioners has increased considerably, and Health Visitors are in touch with them on every possible occasion in order to discuss difficulties which arise in connection with families on the district and where it is thought some help can be given. Great strides have been made in this direction and full support and co-operation has been received from many General Practitioners. This is a section of the work in which we are very interested and, as the Health Visiting staff increases, it is hoped that even greater service will be rendered in this direction.

On two occasions this year a number of General Practitioners have been invited to the Manor Centre in order to meet members of the Medical and Health Visiting staff. These meetings were most successful and have resulted in a better understanding between the General Practitioners and the Clinic and Health Visitors.

The Health Visitors are responsible for the home visits of patients suffering from tuberculosis, and they pay regular visits to the Chest Clinic in order to discuss with the medical staff any matters relating to the welfare of their cases. In addition, one Health Visitor calls at the Chest Clinic each day in order to keep close contact with any matters arising in respect of district cases. The Health Visitors carry out “follow up” work in connection with tuberculous patients, visit notified cases and arrange for contacts to attend the Chest Clinic, giving special attention to children. Babies of tuberculous mothers are treated with B.C.G. vaccine and, where possible, arrangements are made for a suitable relative to take charge of the child for the necessary period of segregation. Every effort is made by the Department to arrange for the babies to remain in the care of their own families, but, where this is impossible, foster-parents are employed for the segregation period. These babies are closely supervised by the Superintendent and Deputy

Tuberculosis.

Superintendent Health Visitor. In co-operation with the Department of Child Health of the Sheffield University and the Children's Hospital, the Health Visitors have continued to visit the homes, and apply a skin test to children up to three years of age, who are contacts of notified tuberculosis.

During the year, Health Visitors carried out jelly tests for tubercular reaction on children attending the Day Nurseries, in preparation for the reading of the result by one of the clinic doctors. This survey was carried out in order to ascertain whether children admitted to the nurseries had a positive reaction.

*B.C.G.
Vaccination.*

On the 5th November, 1954, a new scheme was inaugurated on the recommendation of the Ministry of Health in connection with B.C.G. vaccination, and one of the medical staff of the Maternity and Child Welfare Centre has undertaken the investigation and vaccination of school children in the year prior to leaving school. Arrangements have been made in conjunction with the School Medical Officer, and it is intended that the work shall be extended until all school leaving children have had an opportunity of receiving vaccination with B.C.G. The Health Visitors are in attendance at the school with the Medical Officer when vaccination is carried out. They do the jelly tests in order to ascertain whether suitable for vaccination, and carry out the skin testing six weeks after vaccination in order to ascertain whether conversion has taken place. The number of schools coming into the scheme is increasing and it is hoped that all the schools in the City will be covered by this service at the earliest possible date. A full account of the operation of the scheme to date is given on page 110 of this Report.

B.C.G. vaccination is offered to parents for their children where they have friends or neighbours suffering from tuberculosis with whom the children may at some time come into contact. This scheme was inaugurated during the present year and is on a small scale at the moment, but is gradually growing as the people realise the value of the service to their children.

In connection with visits made to young children, the Health Visitors have access to the records of every Sheffield child shortly after birth, and the welfare of these children is supervised at the discretion of the Health Visitor until the child is five years of age, when all necessary records are transferred to the School Health Service. Special investigations are made in connection with children suffering from whooping cough and rheumatism.

*Immunisa-
tion.*

Diphtheria immunisation has been carried out for a number of years at the various infant clinics and in May, 1954, the service was extended to include immunisation against diphtheria and whooping cough (combined serum), and also against whooping cough alone where diphtheria immunisation had been previously undertaken. The Health Visitors carried out considerable educational work amongst the mothers in their respective districts in order to popularise these immunisation courses and it is gratifying to know that the mothers have responded well to the efforts of the staff.

*Accidents in
the Home.*

Reports are regularly received from the hospitals in the City of burns, scalds and other accidents occurring in the home, which have been treated at the out-patients' department or admitted to hospital. The Health Visitors visit all the children concerned under five years of age, and all the old people over 65 years : enquiries are made into the circumstances of the accidents, and advice given in regard to their prevention and the safeguarding of the children. As far as the old people are concerned, investigations are made as to whether housing conditions are responsible, whether hand rails are provided on the stairs, whether there are lighting defects which can be adjusted, etc. Fire guards have been provided in some cases where there is danger of an old person falling into the fire.

The statement below has been compiled from reports received in the Department from various hospitals in the City, and shows by age groups the number of cases of scalds, burns and other accidents in the home treated at the various casualty departments of these hospitals during the period 1st July, 1954 to 31st March, 1955, with the exception of those at the Children's Hospital, for which figures for the three months ended 31st March, 1955 only are included. In this connection it may be of interest to note that 70 cases of scalds or burns and 140 cases of other accidents in the home amongst children under 15 were reported during this three months period.

| Type of Accident | Number of Cases reported | | | | | At all Ages |
|-------------------------|--------------------------|------------|-------------|-------------|-------------------|-------------|
| | In Age Groups | | | | | |
| | 0—4 years | 5—14 years | 15—44 years | 45—64 years | 65 years and over | |
| <i>Scalds and Burns</i> | 73 | 35 | 33 | 23 | 5 | 169 |
| <i>Other Accidents</i> | 180 | 110 | 231 | 184 | 69 | 774 |
| TOTALS | 253 | 145 | 264 | 207 | 74 | 943 |

Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children, are investigated by the Health Visitors, and such cases are kept under regular supervision. It is found that, through past work in this direction, more cases are being reported to the Department at an early stage by some relative of the family who is concerned regarding the welfare of a child and is seeking assurance that every possible care shall be given. Information received is confidential and, as knowledge of the nature of the work becomes widespread, more cases are revealed to the Department. During the year, very adequate co-operation has been received from the Inspectors of the National Society for Prevention of Cruelty to Children, and much valuable information has been exchanged at the Co-ordinating Committee's meetings which are attended by the Deputy Medical Officer of Health and the Deputy Superintendent Health Visitor.

There is co-operation between the Health Visitors and the Council of Social Service in respect of problems which are discovered from time to time and for which help can be rendered by either or both Services.

During the year, many requests have again been received for help from, and in connection with, people suffering from old age and infirmity ; many of these requests are from General Practitioners, clergy, voluntary societies, National Assistance Board Officers, relatives and neighbours. Every case is visited by a Health Visitor and, where possible, help is given. In cases of illness, a Domestic Help is supplied on production of a medical certificate. Where help is granted to an aged person, such person is kept under regular supervision if necessary.

Care of the Aged.

In the course of duty, considerable help has been received from the National Assistance Board officials in the supply of bedding, clothing, and money grants where special diet was necessary. It has always been found that these officers were anxious to help to the fullest possible extent.

During the year the close co-operation between the Geriatric Unit at Firvale Infirmary and this Department has continued to work satisfactorily. Each month a case conference is held which is attended by a representative of the Social Care Department, the Medical Officer in charge of the Unit, the Ward Sister, the Almoner and Health Visitors. All cases considered fit for discharge home are reviewed, and the home conditions are investigated by the Health Visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding that, should deterioration take place, immediate re-admission can be arranged. In the investigation of the homes, frequently several visits have to be paid in order to interview responsible relatives, and at times it is difficult to persuade the relatives that it is to the advantage of an old person to be discharged to his own home. In certain cases, where it has been impossible to get a relative to take responsibility for an old person, assistance has been given by a Domestic Help. The fact that the Domestic Help Service operates from the Maternity and Child Welfare Centre has been of great assistance when dealing with the requirements of old people, as to a great extent it is known before making arrangements what is available in the nature of domestic help.

The homes of a number of old people have been cleaned in preparation for their return from hospital. In some cases the house had been closed for many months and it was necessary for the Domestic Help Service to clean, heat and generally prepare the house before arrangements could be made for the patient to be returned home from hospital.

*Bathing
Attendants.*

In the course of work amongst the aged it is found that some old people, especially those living alone, are incapable of taking a bath. In such cases arrangements can be made through the Department for a male or female attendant to visit weekly to give assistance. When people requiring this service are mobile, arrangements can be made for a bath at the cleansing station, and during the year a few people have been transported by ambulance car for this purpose. It is not considered necessary for a trained nurse to attend these cases ; the work of the attendants has been satisfactory and fills a need.

*Training of
Nurses and
Students.*

A scheme is in force whereby medical and social science students of the Sheffield University, in the course of their practical work, accompany the Health Visitors on their rounds to enable them to gain an insight into the living conditions of people in their own homes. State enrolled nurses have accompanied Health Visitors and Midwives on the district for two days each week during their period of training, in order to obtain an idea of the domiciliary side of their work, and students from the City General Hospital have also attended in small groups to see the work of the clinics.

The United Sheffield Hospitals' School of Nursing have requested that their pupils receive instruction on the Public Health Services ; the Superintendent Health Visitor attends the School of Nursing in order to give these lectures and the pupils are invited to attend the Maternity and Child Welfare Centre to see some of the work in operation. In addition, the Non-Medical Supervisor of Midwives and the Superintendent of the Johnson Memorial Home carry out a group discussion on their particular section of the service. At the end of the course a group discussion is arranged for the pupils, at which the tutors of the School of Nursing, the Superintendent Health Visitor, the Non-Medical Supervisor of Midwives, and the Superintendent of the Johnson Memorial Home are also present.

The Health Visitors have done considerable work in connection with various student organisations ; medical students, students from the University School of Social Studies, and student nurses from the Children's Hospital and Nether Edge Hospital have accompanied the Health Visitors on the district in order to obtain experience in visiting and receive an insight into the social side of medicine. They have also visited the department to see the work carried out at the centres.

The Superintendent Health Visitor periodically receives students at the Maternity and Child Welfare Centre from the Royal Hospital and Royal Infirmary Nursing Administrative Students' Course and gives a talk on Public Health work carried out at the clinics and by the Health Visitors.

A number of talks and demonstrations on maternity and child welfare work have been given by the Health Visitors at Totley Training College in Housecraft, the Claremont Edge Tutorial School, and to groups of Girl Guides, Women's Institutes and similar organisations.

*Other
Work.*

During the year there has been co-operation with the V.D. Centre. On receipt of information from the Centre regarding defaulters, the Deputy Superintendent Health Visitor calls on patients in their own homes and advises them in the hope that they can be persuaded to continue attendance at the clinics.

The Health Visitors also give assistance to the School Medical Service by visiting cases of scabies and families in verminous condition, which are reported from time to time to the Medical Officer of Health.

All applications which do not conform with the usual requirements for admission to the Department's Nurseries are submitted to the Supervisory Matron of Nurseries, and the Health Visitor provides a report on the home circumstances and the need for the admission of the children to the Nurseries.

The Health Visitors are interested in lectures and refresher courses which are held from time to time on various aspects of their work, and during the year as many Health Visitors as possible have been allowed to attend, on rota, the post graduate lectures which are held monthly at the City General Hospital. Three of the Health Visitors attended the refresher course held at Oxford, one was in London for two weeks to attend the Tuberculosis Refresher Course, and two Health Visitors attended a two-day course at Lodge Moor Hospital at the invitation of the Regional Hospital Board.

The Health Visitors attend the tuberculosis contacts and "follow-up" clinics at the Children's Hospital on three sessions per week. They also attend one session at the baby clinic held at the Jessop Hospital for babies of mothers delivered in the Hospital. Professor Illingworth is in charge of these clinics. Arrangements are in operation for the loan of scales in cases where a baby is in need of test feeding ; the scales are transported to the mother's home by this Department, and the Health Visitor calls to instruct the mother in their use.

There is a close liaison between the Health Visitors and the Family Service Unit in regard to problem families.

During 1954, Mothercraft classes were held at four of the Maternity and Child Welfare Centres, namely Firth Park, Manor, Chantrey and Walkley Centres, on one afternoon each week. Attendances were as follows :—

[illegible]

In addition a preliminary session of 13 classes was held at Burngreave Clinic at which approximately nine mothers were present at each session.

The classes consisted of talks on diet, the layette, personal and oral hygiene, matters relating to the birth of the baby and preparation of the home for the confinement, breast feeding and management of the baby.

There have also been classes for mothers of young children, and the subjects dealt with were :— baby's daily routine, care of the baby's skin, rest and exercise, breast and bottle feeding and their problems, vaccination and immunisation including B.C.G. vaccination, baby's mental and physical development, safety in the home, choice of footwear, growth of personality, problems of discipline, attitude of parents to children, choice of toys and play, minor physical upsets, and nursing of children with infectious diseases. In addition, a number of film strips and projected sound films on health education have been shown.

It is hoped that the Mothercraft classes will be extended to other clinics in the coming year.

In addition to the above services, the Health Visitors attend clinics which are held for mothers and children at the twenty Maternity and Child Welfare Centres. During the year 1954, they made an aggregate of 7,546 attendances at Infant, Ante-natal, Post-natal, and other clinics in the Maternity and Child Welfare Services, and at Nurseries.

During the year, a total of 79,708 visits was paid by Health Visitors. A summary of these visits is given in the table which follows :—

TABLE XXVI.—*Summary of Visits of Health Visitors during the year 1954.*

| | | | | | | | | | Number of Visits. |
|--|----|----|----|----|----|-------|--------|--|----------------------|
| Infants under 1 year—First Visits | .. | .. | .. | .. | .. | .. | 7,078 | | |
| Subsequent Visits | .. | .. | .. | .. | .. | .. | 16,924 | | |
| | | | | | | | <hr/> | | 24,002 |
| Infants between 1 and 5 years of age | .. | .. | .. | .. | .. | .. | | | 41,262 |
| Children over 5 years of age | .. | .. | .. | .. | .. | .. | | | 807 |
| Acute Rheumatism in Children | .. | .. | .. | .. | .. | .. | | | — |
| Whooping Cough | .. | .. | .. | .. | .. | .. | | | 743 |
| Scabies | .. | .. | .. | .. | .. | .. | | | 28 |
| Ophthalmia Neonatorum | .. | .. | .. | .. | .. | .. | | | 16 |
| Ex-Hospital Cases <i>re</i> After-Care | .. | .. | .. | .. | .. | .. | | | 650 |
| Expectant Mothers—First Visits | .. | .. | .. | .. | .. | .. | 369 | | |
| Subsequent Visits .. .. . | .. | .. | .. | .. | .. | ..... | 104 | | |
| | | | | | | | <hr/> | | 473 |
| Post-Natal Cases | .. | .. | .. | .. | .. | .. | | | 145 |
| Puerperal Pyrexia | .. | .. | .. | .. | .. | .. | | | 281 |
| Tuberculosis—Pulmonary | .. | .. | .. | .. | .. | .. | 5,823 | | |
| Non-Pulmonary | .. | .. | .. | .. | .. | .. | 699 | | |
| | | | | | | | <hr/> | | 6,522 |

| | | | | | | | |
|---|----|----|----|----|----|----|--------|
| Diphtheria Immunisation Visits | .. | .. | .. | .. | .. | .. | 195 |
| Domestic Help Service | .. | .. | .. | .. | .. | .. | 1,510 |
| Old People | .. | .. | .. | .. | .. | .. | 1,391 |
| Visits in regard to :— | | | | | | | |
| Investigation of Infant and Maternal Deaths | .. | .. | .. | .. | .. | .. | 17 |
| Home Conditions | .. | .. | .. | .. | .. | .. | 229 |
| Handicapped Persons | .. | .. | .. | .. | .. | .. | 225 |
| Problem families | .. | .. | .. | .. | .. | .. | 715 |
| Other Reasons | .. | .. | .. | .. | .. | .. | 497 |
| TOTAL | | | | | | | 79,708 |

Ophthalmia Neonatorum.—There were 11 notifications of Ophthalmia Neonatorum during the year 1954, and it is gratifying to report that the vision was unimpaired in all cases following the treatment given. The Health Visitors paid 16 visits to these cases.

Since 1st April, 1914, when Ophthahnia Neonatorum became compulsorily notifiable by medical practitioners, great strides have been made in the prevention and treatment of this disease. In 1914, there were 221 notifications and, of these, five babies died during the illness, and nine had damage to the eyes. During the 20 years, 1914 to 1933 inclusive, there were 3,468 notifications (an average of 173 cases per year) and 53 of these cases resulted in damage to the eyes. In the following 21 years, from 1934 to 1954 inclusive, there were 379 notified cases, an average of 18 per year, and during this period there was no damage to the eyes following treatment given in any case.

This improvement is mainly attributed to the intensive ante-natal supervision and in addition, in later years, to the use of sulphonamide and penicillin treatments.

Care of Premature Infants.—With a view to obtaining immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the Health Visitors so that special attention may be given. An account of the work in the domiciliary care of premature infants is given on page 78.

HOME NURSING

*"So duteous, diligent, so tender over his occasions true,
So feat, so nurse like."*—Shakespeare (Cymbeline)

The arrangements of the City Council for the provision of a Home Nursing Service, as required by the National Health Service Act, 1946, continued to work satisfactorily during the year 1954.

The whole of the Home Nursing Service in the City is under the direct administration of the Council. There are two principal Nurses' Homes—The Johnson Memorial Home and the Princess Mary Home—together with five subsidiary homes situated in the Handsworth, Manor, Woodhouse, Intake and Darnall areas. These homes cover the whole area of the City.

The two principal homes are "Key" training centres, i.e., they are recognised by the Queen's Institute of District Nursing as centres for a full course of training; Miss M. A. Reeves, Superintendent of the Johnson Memorial Home, holds the Honorary post of Examiner to the Institute of District Nursing. All candidates must be State Registered Nurses; in practice some are also State Certified Midwives or hold the Health Visitors' Certificate. The training for district work is of four or six months' duration according to whether or not the candidate holds the additional Certificate of the Central Midwives Board and, if successful in passing the examination on the completion of the course, the candidate is entered upon the roll of Queen's Nurses. During the year under report, 12 candidates undertook the course of training and all were successful.

Authority has been given by the Council for the attendance at refresher courses of four Home Nurses during any one year and, in 1954, one nurse attended at the Association of Queen's Nurses Spring School. In addition, the First Assistant Superintendent at the Princess Mary Nurses' Home attended the Standing Conference of Training Home Superintendents.

The Home Nursing Service is completely integrated into the other branches of the health services. A close liaison exists between the nurses, general practitioners, hospitals, health visitors and other services such as Care and After-Care, Home Helps, etc. The service is well known to the practitioners in the City and is very much used by them in order to assist in the nursing of patients in their own homes. Many patients are thus able to remain at home with their families who otherwise would have been admitted to hospital, or are enabled to return from hospital earlier than if there had been no district nursing service. From the outset the doctor and nurse work as a team, maintaining close contact regarding patients being nursed. Arrangements also exist whereby a patient may be attended by a nurse after discharge from hospital. The nurse is informed of the patient's needs and the necessary action is taken. However, it is felt that a great deal more could be done in this aspect of the service.

There is now a Bathing Orderly employed in the Service in order to help with the bathing of patients. This is proving to be a very successful venture and of great assistance to the nurses.

In view of the number of cases nursed and visits made per year, it was felt that a good deal of very useful information could be obtained regarding the environment of the patients and the problems involved in nursing patients at home. In addition, more detailed information of the work of the home nurses might be obtained. At the same time, it was appreciated that any method of collating and recording this information should be kept as simple as possible so that the nurses would not be overburdened with administrative data. With this in mind, a report book was devised whereby the nurse, by simply crossing out inapplicable details, could quickly

record the required information. The information so gained is then recorded by means of a code embodying the Hollerith “ punch card ” system. The following is a copy of the report form which is completed by the nurses :—

| | | | |
|--|--|--|---------------|
| Date—From | | To | Ref. No. |
| Name | | Age | |
| Address | | Single * Married Widowed | |
| No. in household | | Case referred by | |
| Doctor | | (a) Disease Nursed (b) Any other disability | |
| Frequency of Visits | | Appliances loaned | |
| Incontinence : (a) Urinary Yes/No * (b) Faecal Yes/No * | | Hot Water Supply : Tap, downstairs * Tap, upstairs Kettle, downstairs Kettle, upstairs | |
| Patient nursed in bed, downstairs * Patient nursed in bed, upstairs Patient ambulant or mobile | | Assistance available : Family (Husband or Wife) * Family (Children or others) Friends ; Neighbours ; None | |
| Nutrition : Poor * Fair Good V. Good | Bathroom : Downstairs * Upstairs None | W.C. : Internal (a) downstairs * (b) upstairs External Both | |
| Occupation or how supported | | | |
| Nursing Treatment | | | |
| No. of days on books | | Total No. of visits made | |
| Result | | | |

* Please delete where not applicable.

The facts which may be obtained from this system are as follows :—

1. Total number of patients registered and by whom referred.
2. Sex and age-groups.
3. Sex and marital status.
4. Illness nursed—totals in each category.
5. How many patients had another disability.
6. How many “ Preparations for X-rays ”, “ Investigation Enemas ”, etc.
7. Frequency of visits.
8. Hot water supply—where?
9. Where is patient nursed?
10. How many lived alone?
11. What assistance is available (wife, children, neighbours, etc.).
12. Standard of nutrition.
13. Location of bathroom.
14. Location of W.C.
15. Treatment for any particular illness.
16. COMPLETED CASES ONLY.
 - (a) Total number of days on register.
 - (b) Total number of visits.
 - (c) Reason for being removed from register.

Any combination of these details may be obtained ; e.g., we may establish the relationship between “ where was the patient nursed ” and “ the situation of the hot water supply ”; the assistance available to patients living alone may be given ; the position of the bathroom and W.C. in relation to where the patient is nursed can also be found.

This new method of recording commenced on 1st January, 1954 and, therefore, the statistics obtained relate only to cases registered during 1954. The information obtained with regard to the 5,387 new cases registered during the year is given on the following pages.

At the end of the year 1954 there were 80 District Nurses—38 full-time and 42 part-time—employed by the Council.

| | | | | |
|--|----|----|----|-------|
| Number of cases on the Register at 1st January, 1954 | .. | .. | .. | 1,490 |
| Number of new cases attended by the nurses during the year | .. | .. | .. | 5,387 |
| Total number of cases attended by the nurses during the year | .. | .. | .. | 6,877 |
| Number of cases removed from the Register during the year | .. | .. | .. | 5,275 |
| Number of cases on the Register at 31st December, 1954 | .. | .. | .. | 1,602 |

The nurses made an aggregate of 188,027 visits during the year. On the average each nurse attended a total of 117 cases and carried out 3,187 visits.

The 5,387 new cases registered during 1954 were referred by the following :—

| | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|-------|
| Medical Practitioners | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4,186 |
| Hospitals | .. | .. | .. | .. | .. | .. | .. | .. | .. | 739 |
| Personal Application at Nurses' Homes | .. | .. | .. | .. | .. | .. | .. | .. | .. | 351 |
| Maternity and Child Welfare Centres | .. | .. | .. | .. | .. | .. | .. | .. | .. | 74 |
| Personal Applications at the Home Nursing Centre | .. | .. | .. | .. | .. | .. | .. | .. | .. | 37 |
| | | | | | | | | | | 5,387 |

These cases may be classified as follows :—

| | | | | | | | | | | | |
|----------------|----|----|----|----|----|----|----|----|----|----|-------|
| Medical | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4,445 |
| Surgical | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 811 |
| Gynaecological | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 71 |
| Maternity | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 60 |
| | | | | | | | | | | | 5,387 |

1,293 of these patients were nursed in bed downstairs ; 1,939 were nursed in bed upstairs ; and 2,155 were ambulant.

Of these 5,387 cases, 601 had another disability in addition to that for which nursing was provided. The following statement gives a summary of these secondary disabilities, classified under the heading of the primary disability :—

Bronchitis.—Pulmonary Tuberculosis (2), Constipation (1), Myocarditis (18), Asthma (8), Obesity (1), Bed Sores (2), Parkinson's Disease (1), Discharging Ear (1), Emphysema (4), Pleurisy (4), Senility (5), Influenza (1), Gastric Disease (1), Blindness (1), Disease of Ear (1), Fracture (1), Uraemia (1), Arthritis (2), Amputation (1), Enlarged Spleen (1), Cancer (1), Anaemia (1), Lumbago (1).

Heart Disease.—Pneumonia (2), Amputation (1), Bronchitis (18), Cerebral Haemorrhage (1), Hemiplegia (3), Hypertension (4), Dyspepsia (1), Arthritis (14), Anaemia (4), Nephritis (1), Blindness (4), Senility (4), Diabetes (4), Parkinson's Disease (1), Oedema (4), Constipation (3), Urinary Disease (1), Asthma (3), Cancer (4), Varicose Ulcer (1), Thrombosis (2), Burns (1), Paget's Disease (1), Dropsy (1), Bed Sores (2).

Cancer.—Anaemia (2), Burns (x-ray) (1), Asthma (1), Bed Sores (8), Oedema (2), Post-Operative (3), Bronchitis (1), Leg Injury (1), Hemiplegia (1), Arthritis (1), Scalds (1), Constipation (2), Diabetes (2), Stitch Abscess (1), Pneumonia (1), Urinary Disease (1), Paraplegia (1).

Diabetes.—Heart Disease (11), Anaemia (1), Cancer (1), Iritis (1), Amputation (3), Blindness (4), Dermatitis (1), Varicose Ulcer (1), Gangrene (3), Shoulder Injury (1), Finger Injury (1), Fracture (1), Arthritis (4), Post-Operative (1), Hemiplegia (1).

Enema.—Heart Disease (15), Deafness and Blindness (1), Cancer (10), Hernia (1), Thrombosis (1), Prostate Disease (1), Urinary Disease (4), Arthritis (3), Psychoneurosis (1), Complications of Pregnancy (1), Senility (6), Hemiplegia (5), Influenza (1), Parkinson's Disease (3), Duodenal and Gastric Ulcer (5), Haemorrhoids (1), Injury (2), Bronchitis (6), Fracture (1), Diabetes (1), Intestinal Disease (6), Appendicitis (1).

Senility.—Fracture (1), Injury (2), Urinary Disease (1), Arthritis (9), Blindness (5), Diseases of Female Genitals (2), Bed Sores (7), Bronchitis (5), Hernia (1), Intestinal Disease (1), Shingles (1), Hemiplegia (8), Varicose Ulcer (4), Hydrocele (1), Tuberculosis—Other Forms (1), Heart Disease (4), Eye Disease (1).

Influenza.—Heart Disease (6), Asthma (1), Bronchitis (8), Arthritis (2), Boils (1).

Intestinal.—Cancer (2), Injury to arm (1), Diabetes (3), Disease of Bladder (1), Heart Disease (2), Constipation (1), Gastric Ulcer (1), Senility (3), Blindness (1), Arthritis (2), Hemiplegia (1), Dermatitis (1).

Asthma.—Bronchitis (4), Phlebitis (1), Heart Disease (1), Thrombosis (1), Influenza (1).

Pneumonia.—Heart Disease (10), Fracture (2), Hemiplegia (1), Blindness (1), Fistula (1), Pleurisy (2), Senility (3), Cancer (1).

Rheumatism.—Heart Disease (5), Phlebitis (1), Skin Disease (1), Bronchitis (1), Blindness (1).

Anaemia.—Deafness (1), Arthritis (8), Varicose Ulcer (1), Colitis (1), Senility (1), Heart Disease (2), Neurosis (1), Cancer (1), Disease of Female Genitals (2), Diabetes (1), Mental Deficiency (1), Blindness (1), Amputation (1).

Stroke.—Arthritis (4), Heart Disease (16), Bronchitis (7), Blindness (4), Asthma (2), Senility (2), Deafness (1), Intestinal Disease (2), Diabetes (3), Burns (1), Varicose Ulcer (2), Duodenal Ulcer (1), Cancer (7), Parkinson's Disease (1), Amputation (1).

Injuries.—Senility (1), Constipation (1), Anaemia (1), Bed Sores (1), Diabetes (5), Shock (1), Hemiplegia (1), Intestinal Disease (1), Bronchitis (1), Arthritis (2), Disseminated Sclerosis (1), Blindness (1), Parkinson's Disease (1), Alcoholism (1), Neurasthenia (1), Heart Disease (1).

Burns and Scalds.—Arthritis (2), Disseminated Sclerosis (1), Asthma (1).

Prolapse.—Heart Disease (3), Bronchitis (2), Deafness (1), Intestinal Disease (2), Arthritis (2), Blindness (1), Hemiplegia (1), Anaemia (1).

Bed Sores.—Amputation (1), Cancer (2), Fracture (3), Hernia (1), Disease of Male Genitals (1), Hemiplegia (1), Pulmonary Tuberculosis (2), Arthritis (2).

Pulmonary Tuberculosis.—Post-Operative (1), Diabetes (3), Gastric Ulcer (1), Bronchitis (1).

Tuberculosis—Other Forms.—Urinary Disease (1).

Varicose Ulcers.—Paget's Disease (1), Heart Disease (5), Eczema (1), Arthritis (1), Bronchitis (1), Phlebitis (1).

Male Genital.—Deafness (1), Intestinal Disease (1), Post-Operative (1), Arthritis (1), Heart Disease (1).

Dropsy.—Cancer (1).

Urinary.—Pulmonary Tuberculosis (2), Senility (1).

Maternal Complications.—Bronchitis (1), Mastitis (3), Vulval Warts (1), Pulmonary Tuberculosis (2).

Skin.—Cancer (1), Intestinal Disease (1), Constipation (1), Arthritis (1), Bronchitis (1), Heart Disease (2), Duodenal Ulcer (1), Varicose Ulcer (1).

Boils, Carbuncles etc.—Abscess (1), Blindness (1), Dermatitis (1), Pneumonia (1), Heart Disease (1), Maternal Complication (1).

Paralysis Agitans.—Bed Sores (1).

Appendicitis.—Arthritis (1), Stitch Abscess (1), Spastic (1).

Spastic.—Incontinence (1).

Congenital Malformations.—Mental Deficiency (1).

Tonsillitis.—Heart Disease (1).

Hernia.—Constipation (1).

Disseminated Sclerosis.—Anaemia (1).

Amputation.—Arteriosclerosis (1).

Hypertension.—Diabetes (1).

Patients over 65 years of age.—There were 2,768 patients aged 65 years or over included in the new cases. The assistance available to these patients may be classified as follows :—

| | |
|-------------------------------------|-------|
| Husband or wife | 1,098 |
| Family (Children or others) | 1,342 |
| Friends | 216 |
| Neighbours | 56 |
| None | 56 |

The standard of nutrition of these old people was assessed by the nurses as follows :—

| | |
|-------------------|-------|
| Poor | 467 |
| Fair | 1,136 |
| Good | 992 |
| Very Good | 173 |

The availability of a bathroom in the houses of the aged patients was as follows :—

| | |
|-------------------------------|-------|
| Bathroom downstairs | 280 |
| Bathroom upstairs | 1,333 |
| No bathroom available | 1,155 |

The location of the W.C. in these cases was as follows :—

| | |
|------------------------------------|-------|
| Internal downstairs | 403 |
| Internal upstairs | 738 |
| External | 1,569 |
| Both internal and external | 58 |

The hot water supply for the patients over 65 years was available as follows :—

| | |
|--------------------------------|-------|
| Tap downstairs | 736 |
| Tap upstairs | 839 |
| Kettle etc. downstairs | 1,149 |
| Kettle etc. upstairs | 44 |

The sex and marital status of these patients may be classified as follows :—

| | |
|--------------------------|-------|
| Males, single | 30 |
| Males, married | 615 |
| Males, widowed | 281 |
| Females, single | 122 |
| Females, married | 559 |
| Females, widowed | 1,161 |

380 patients of 65 years or over lived alone.

TABLE XXVII.—Summary of New Cases Registered during 1954, classified according to Illness nursed, Sex and Age Group.

| ILLNESS NURSED | Sex | All Ages | | 0— | | 1— | | 2— | | 5— | | 10— | | 15— | | 25— | | 35— | | 45— | | 55— | | 65— | | 75— | | 85— | |
|---|-----|----------|-----|----|----|----|----|----|----|----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tuberculosis—respiratory ... | M. | 35 | — | — | — | — | — | — | — | — | — | — | — | 5 | — | 6 | — | 2 | — | 12 | — | — | 6 | — | 4 | — | — | — | — |
| Tuberculosis of spine, bones and joints | F. | — | 29 | — | — | — | — | — | — | — | — | — | — | — | 3 | — | 8 | 10 | — | — | 3 | — | — | — | — | — | — | — | — |
| Tuberculosis of other organs ... | M. | 6 | — | — | — | — | — | — | — | 1 | — | — | — | 2 | — | 1 | — | 2 | — | — | — | — | — | — | — | — | — | — | — |
| Tuberculosis of other organs ... | F. | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Tuberculosis of other organs ... | M. | 8 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | — | 2 | — | — | — | — | — | — | — | — | — | — | — |
| Tuberculosis of other organs ... | F. | — | 7 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Dysentery | M. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Dysentery | F. | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Influenza | M. | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Influenza | F. | — | 12 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Erysipelas | M. | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Erysipelas | F. | — | 6 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Septicaemia excluding post-abortion or puerperal infections | M. | 14 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Septicaemia excluding post-abortion or puerperal infections | F. | — | 25 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Other infective or parasitic diseases ... | M. | 13 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Other infective or parasitic diseases ... | F. | — | 20 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Cancer and other malignant tumours | M. | 181 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Cancer and other malignant tumours | F. | — | 207 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Non-malignant tumours, tumours of undetermined nature | M. | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Non-malignant tumours, tumours of undetermined nature | F. | — | 7 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Rheumatic Fever | M. | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Rheumatic Fever | F. | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Arthritis and muscular rheumatism including fibrositis | M. | 13 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Arthritis and muscular rheumatism including fibrositis | F. | — | 109 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Anaemia | M. | 30 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Anaemia | F. | — | 137 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Other diseases of the blood and blood forming organs | M. | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Other diseases of the blood and blood forming organs | F. | — | 5 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Meningitis | M. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Meningitis | F. | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Inter-cranial lesions of vascular origin | M. | 143 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Inter-cranial lesions of vascular origin | F. | — | 221 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Disseminated Sclerosis and other diseases of the nervous system | M. | 14 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | —</ | | | | | | | | | | | |

TABLE XXVII.—continued.

[illegible]

TABLE XXVII.—*continued.*

| ILLNESS NURSED | Sex | All ages | | 0— | | 1— | | 2— | | 5— | | 10— | | 15— | | 25— | | 35— | | 45— | | 55— | | 65— | | 75— | | 85— | |
|---|-----|----------|------|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|------|-----|-----|----|
| | | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| Other diseases of the bones | M | 5 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Diseases of the joints, muscles and other organs of movement | M | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Congenital malformations and deformities of the skeleton | M | 10 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 10 | — | 8 | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Senility, old age | M | 76 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 183 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Burns and scalds | M | 10 | — | — | — | 3 | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | 1 | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Cuts and other wounds | M | — | 36 | — | — | — | — | — | — | — | — | 1 | — | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | 10 | — | — | — | — | — | — | — | — | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Fractures, etc. | M | 7 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 42 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Other accidents | M | 8 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 35 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Amputations | M | 5 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 10 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Pressure sores | M | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 6 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Diabetes | M | 40 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 242 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Diseases of the Endocrine glands | M | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 12 | — | — | — | — | — | — | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Gangrene | M | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | 6 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| TOTALS according to sex and age-groups | M | 1921 | — | 19 | — | 10 | — | 11 | — | 42 | — | 23 | — | 50 | — | 86 | — | 122 | — | 272 | — | 360 | — | 458 | — | 385 | — | 83 | — |
| | F | — | 3466 | — | 17 | — | 8 | — | 20 | — | 46 | 33 | 112 | — | 177 | — | 254 | — | 431 | — | 526 | — | 852 | — | 827 | — | 163 | — | — |
| TOTALS in age-groups | | 5387 | | 36 | | 18 | | 31 | | 88 | | 56 | | 162 | | 263 | | 376 | | 703 | | 886 | | 1310 | | 1212 | | 246 | |

TABLE XXVIII.—Summary of New Cases registered during 1954, classified according to Illness Nursed, Type of Nursing and Frequency of Visits.

| ILLNESS NURSED | Type of Nursing | | | | | | | | | | Frequency of Visits | | | | |
|--|-------------------------|------------------------|------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|--------------------------------|------------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|
| | General | Dressings | Injections | Pessaries, Douches, etc. | Investigation Enemas | Bed Baths | Post Operative | Other Enemas | Twice Daily | Daily | Every 2nd Day | Twice Weekly | Weekly | Fort-nightly | Others |
| Tuberculosis—respiratory ... | 16 — — | — — 3 | — 45 — | — — — | — — — | — — — | — — — | — — — | 3 — — | 10 25 2 | 3 15 1 | — 5 — | — — — | — — — | — — — |
| Tuberculosis of spine, bones and joints ... | 1 — — | — — 3 | — 3 — | — — — | — — — | — — — | — — — | — — — | — — — | — 1 1 | — — 2 | — 2 — | 1 — — | — — — | — — — |
| Tuberculosis of other organs ... | 1 — — | — 4 — | — — 10 | — — — | — — — | — — — | — — — | — — — | — 1 2 | 1 — 8 | — 3 — | — — — | — — — | — — — | — — — |
| Influenza ... | 7 — — | — — — | — — 9 | — — — | — — — | — — — | — — — | — — — | 1 — — | 4 9 — | 2 — — | — — — | — — — | — — — | — — — |
| Dysentery ... | 1 — — | — — — | — — — | — — — | — — — | — — — | — — — | — — — | 1 — — | — — — | — — — | — — — | — — — | — — — | — — — |
| Erysipelas ... | — — — | — — — | 8 — — | — — — | — — — | — — — | — — — | — — — | — — — | 8 — — | — — — | — — — | — — — | — — — | — — — |
| Septicaemia excluding post-abortive etc. infections ... | 2 — — | — 10 — | — — 27 | — — — | — — — | — — — | — — — | — — — | — — — | — 6 5 | — 2 22 | — 2 — | — — — | — — — | 2 — — |
| Other infective or parasitic diseases ... | 8 — — | — 8 — | — — 14 | — — — | — — — | — — — | — — — | — — — | — 1 1 | 6 4 13 | — 2 — | 2 — — | — 1 — | — — — | — — — |
| Cancer and other malignant tumours ... | 266 — — — — | — 68 — — — | — — 27 — — | — — — — — | — — — — — | — — 7 — — | — — — — 3 | — — — — — | 21 — 5 — — | 175 52 10 — 8 2 | 52 11 3 — 6 1 | 12 3 4 1 1 — | 5 1 5 6 — — | — 1 — — — — | 1 — — — 2 — |
| Non-malignant tumours and tumours of undetermined origin ... | — 4 — — | 5 — — — | — — 1 — | — — — — | — — — — | — — — 1 | — — — — | — — — — | — — — — | 4 1 1 — | — 2 — — | 1 1 — — | — — — 1 | — — — — | — — — — |
| Rheumatic Fever ... | 2 — — | — — — | — — 2 | — — — | — — — | — — — | — — — | — — — | — — — | 1 — — | — — — | 1 — — | — — 2 | — — — | — — — |

TABLE XXVIII.—continued.

| ILLNESS NURSED | Type of Nursing | | | | | | | | | | Frequency of Visits | | | | |
|--|-----------------|-----------|------------|--------------------------|----------------------|-----------|----------------|--------------|-------------|-------|---------------------|--------------|--------|--------------|--------|
| | General | Dressings | Injections | Pessaries, Douches, etc. | Investigation Enemas | Bed Baths | Post Operative | Other Enemas | Twice Daily | Daily | Every 2nd Day | Twice Weekly | Weekly | Fort-nightly | Others |
| Arthritis and muscular rheumatism (including fibrositis) | 70 | — | — | — | — | — | — | — | 1 | 29 | 19 | 16 | 5 | — | — |
| | — | — | — | — | — | 42 | — | — | — | — | — | 2 | 40 | — | — |
| | — | — | 10 | — | — | — | — | — | — | 3 | — | 4 | 2 | — | 1 |
| Anaemia | 8 | — | — | — | — | — | — | — | — | 6 | 2 | — | — | — | — |
| | — | — | 159 | — | — | — | — | — | 2 | 12 | 13 | 49 | 63 | 12 | 8 |
| Other diseases of the blood and blood forming organs | 4 | — | — | — | — | — | — | — | — | 4 | — | — | — | — | — |
| | — | — | 3 | — | — | — | — | — | — | 3 | — | — | — | — | — |
| Meningitis | 1 | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — |
| Inter-cranial lesions of vascular origin | 307 | — | — | — | — | — | — | — | 27 | 207 | 38 | 28 | 3 | 1 | 3 |
| | — | — | 10 | — | — | — | — | — | 1 | 7 | — | — | 2 | — | — |
| | — | — | — | — | — | 37 | — | 10 | — | — | 1 | — | 34 | 2 | — |
| | — | — | — | — | — | — | — | — | — | 8 | — | — | — | — | 2 |
| Disseminated sclerosis and other diseases of the nervous system | 20 | — | — | — | — | — | — | — | — | 10 | 7 | 3 | — | — | — |
| | — | — | 10 | — | — | — | — | — | — | — | 3 | 3 | 4 | — | — |
| | — | — | — | — | — | 3 | — | — | — | — | — | — | — | 2 | 1 |
| | — | — | — | — | — | — | 1 | — | — | — | — | — | — | 1 | — |
| Diseases of the organs of vision | 4 | — | — | — | — | — | — | — | 2 | 2 | — | — | — | — | — |
| | — | — | 3 | — | — | — | — | — | — | 1 | — | 1 | — | — | — |
| Diseases of the ear and mastoid antrum | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | — | 3 | 91 | — | — | — | — | — | 2 | 89 | 1 | — | — | — | — |
| Heart diseases | 276 | — | — | — | — | — | — | — | 22 | 177 | 39 | 36 | 2 | — | — |
| | — | — | 515 | — | — | — | — | — | 6 | 47 | 47 | 237 | 165 | 9 | 4 |
| | — | — | — | — | — | 15 | — | 13 | — | — | — | — | 14 | — | 1 |
| | — | — | — | — | — | — | — | — | — | 6 | 3 | — | — | — | 4 |
| Arteriosclerosis | 18 | — | — | — | — | — | — | — | — | 14 | 1 | 2 | 1 | — | — |
| Diseases of the veins | 4 | — | — | — | — | — | — | — | — | 2 | — | — | — | — | 2 |
| | — | 35 | 3 | — | — | — | — | — | 1 | 21 | 10 | 3 | — | — | — |
| Hypertension | 9 | — | — | — | — | — | — | — | — | 7 | — | 2 | — | — | — |
| | — | — | 4 | — | — | — | — | — | 2 | 2 | — | — | — | — | — |
| | — | — | — | — | — | — | — | 1 | — | 1 | — | — | — | — | — |
| | — | — | — | — | — | 1 | — | — | — | — | — | — | 1 | — | — |

TABLE XXVIII.—continued.

| ILLNESS NURSED | Type of Nursing | | | | | | | | Frequency of Visits | | | | | | |
|---|-------------------|------------------|--------------------|--------------------------|----------------------|------------------|------------------|------------------|---------------------|---------------------|--------------------|-------------------|------------------|------------------|------------------|
| | General | Dressings | Injections | Pessaries, Douches, etc. | Investigation Enemas | Bed Baths | Post Operative | Other Enemas | Twice Daily | Daily | Every 2nd Day | Twice Weekly | Weekly | Fort-nightly | Others |
| Thrombophlebitis, phlebitis, etc. | 2 — — — | — 6 — — | — — 18 — | — — — — | — — — — | — — — 3 | — — — — | — — — — | — — — — | 2 5 15 — | — — — — | — — 1 1 | — — — 2 | — — — — | — — — — |
| Other diseases of the heart or circulatory system ... | 10 — | — — | — 6 | — — | — — | — — | — — | — — | 1 1 | 7 4 | 2 — | — — | — 1 | — — | — — |
| Bronchitis, Bronchiectasis ... | 85 — — — | — — — — | — 268 — — | — — — — | — — — — | — — — 1 | — — — — | — — 5 — | 2 18 — — | 63 229 3 — | 10 10 2 — | 10 6 — — | — 4 — 1 | — — — — | — 1 — — |
| Pneumonia | 61 — — | — — — | — 142 — | — — — | — — — | — — — | — — — | — — 1 | 9 22 — | 47 118 — | 1 1 — | 3 1 — | — — — | — — — | 1 — 1 |
| Pleurisy | 6 — — | — — 1 | — 23 — | — — — | — — — | — — — | — — — | — — — | 1 2 — | 4 21 — | 1 — 1 | — — — | — — — | — — — | — — — |
| Asthma | 6 — | — — | — 21 | — — | — — | — — | — — | — — | — — | 6 18 | — 2 | — 1 | — — | — — | — — |
| Pulmonary Emphysema ... | — — | — — | 6 — | — — | — — | — 1 | — — | — — | — — | 6 — | — — | — — | — 1 | — — | — — |
| Silicosis and other occupational lung diseases ... | 3 | — | — | — | — | — | — | — | — | 3 | — | — | — | — | — |
| Abscess of lungs | 1 — | — 2 | — — | — — | — — | — — | — — | — — | — — | — 2 | 1 — | — — | — — | — — | — — |
| Other diseases of the respiratory system | 3 — — | — 13 — | — — 14 | — — — | — — — | — — — | — — — | — — — | — — — | 2 11 14 | 1 2 — | — — — | — — — | — — — | — — — |
| Diseases of the Teeth and Gums | — | — | 3 | — | — | — | — | — | — | 3 | — | — | — | — | — |

TABLE XXVIII.—continued.

| ILLNESS NURSED | Type of Nursing | | | | | | Frequency of Visits | | | | | | | | |
|---|----------------------------|-----------------------------|----------------------------|-------------------------------|------------------------------|------------------|---------------------|--------------------|------------------|------------------------------|------------------------------|------------------------|------------------------|-----------------------|-------------------------------|
| | General | Dressings | Injections | Pessaries Douches, etc. | Investiga- tion Enemas | Bed Baths | Post Operative | Other Enemas | Twice Daily | Daily | Every 2nd Day | Twice Weekly | Weekly | Fort- nightly | Other |
| Diseases of pharynx and tonsils | — 2 | — — | 98 — | — — | — — | — — | — — | — — | 18 — | 79 2 | — — | 1 — | — — | — — | — — |
| Ulcer of the stomach or duodenum ... | — 3 — — | 26 — — — | — — — — | — — — — | — — 1 — | — — — — | — — — — | — — — 11 | — — — — | 19 3 — 4 | 5 — — — | — — — — | — — — — | — — — — | 2 — 1 7 |
| Other diseases of the stomach | 3 — — | — 1 — | — — — | — — — | — — — | — — — | — — — | — — 3 | — — — | 3 1 3 | — — — | — — — | — — — | — — — | — — — |
| Enteritis ... | 3 — | — — | — — | — — | — 1 | — — | — — | — — | — — | — — | 3 — | — — | — — | — — | — 1 |
| Appendicitis ... | — 1 — | 40 — — | — — — | — — — | — — — | — — — | — — — | — — 3 | 1 — — | 30 1 2 | 8 — — | — — — | 1 — — | — — — | — — 1 |
| Hernia ... | 2 — — | — 12 — | — — — | — — — | — — — | — — — | — — — | — — 1 | — — — | 2 8 — | — 2 1 | — 2 — | — — — | — — — | — — — |
| Other diseases of the intestines. (Including 128 "Prepara- tions for X-ray, Investiga- tion Enemas", etc.) ... | 7 — — — — | — 38 — — — | — — — — — | — — — — — | — 128 — — — | — — — 1 | — — — — | — — 70 — | — — — — | 6 22 6 30 1 | — 13 — 12 — | 1 3 — 5 — | — — — 2 — | — — — — — | — — 122 21 — |
| Diseases of the liver ... | 2 | — | — | — | — | — | — | — | — | 2 | — | — | — | — | — |
| Diseases of the bladder and bile ducts ... | 5 — — | — 13 — | — — 4 | — — — | — — — | — — — | — — — | — — — | 1 — — | 4 10 4 | — 2 — | — — — | — 1 — | — — — | — — — |
| Other diseases of the digestive system. (Including 322 cases of "Constipation") | 4 — — — — — | — 17 — — — — | — — 4 — — — | — — — — — — | — — 220 — — — | — — — 1 | — — — — | — — 322 — | — — 2 — | 2 6 4 — 158 — | — 11 — — 45 — | — — — 20 — | — — — 14 — | — — — 1 — | 2 — — 220 82 1 |

TABLE XXVIII.—continued.

| ILLNESS NURSED | Type of Nursing | | | | | | | Frequency of Visits | | | | | | | | |
|---|-----------------------|------------------------|-----------------------|-------------------------------|------------------------------|-----------------------|-----------------------|---------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | General | Dressings | Injections | Pessaries Douches, etc. | Investiga- tion Enemas | Bed Baths | Post Operative | Other Enemas | Twice Daily | Daily | Every 2nd Day | Twice Weekly | Weekly | Fort- nightly | Other | |
| Nephritis, pyelitis and other diseases of the kidney and ureter | 8 — — | — — — | — 10 — | — — — | — — — | — — — | — — — | — — 3 | 2 — — | 5 7 3 | 1 2 — | — 1 — | — — — | — — — | — — — | |
| Diseases of the bladder ... | 6 — — — — | — 12 — — — | — — 1 — — | — — — — — | — — — — — | — — 2 — — | — — — — — | — — — 1 | — — — — | 5 3 1 — 1 | — 2 — — — | — — — — — | — — — 1 — | — — — — — | — — — 1 — | 1 7 — — — |
| Diseases of the Urethra ... | — — — | 2 — — | — 1 — | — — 3 | — — — | — — — | — — — | — — — | — 1 — | 2 — 1 | — — — | — — — | — — — | — — — | — — — | — — 2 |
| Diseases of the Prostrate ... | 4 — — | — 11 — | — — — | — — — | — — — | — — 1 | — — — | — — — | — — — | 4 6 — | — 4 1 | — 1 — | — — — | — — — | — — — | — — — |
| Diseases of other Male Genital Organs | 1 — — | — 6 — | — — 5 | — — — | — — — | — — — | — — — | — — — | — — — | — 3 5 | — 2 — | 1 1 — | — — — | — — — | — — — | — — — |
| Diseases of the female genital organs | 5 — — — | — — — — | — — 5 — | — 123 — — | — — — — | — — — — | — — — — | — — — 1 | — 2 — — | 3 20 4 1 | 2 6 1 — | — 4 — — | — 3 — — | — — — — | — 6 — — | — 82 — — |
| Diseases of the breast ... | — — 5 | 24 — — — | — 21 — | — — — | — — — | — — — | — — — | — — — | 1 6 2 | 18 15 3 | 3 — — | 2 — — | — — — | — — — | — — — | — — — |
| Other diseases of the genito- urinary system | 3 — — | — — — | — — 1 | — 11 — | — — — | — — — | — — — | — — — | — — — | 3 3 1 | — — — | — — — | — — — | — — — | — — — | — 5 — |
| Miscarriage, abortion ... | 3 — | — — | — — | — 4 | — — | — — | — — | — — | — — | 3 4 | — — | — — | — — | — — | — — | — — |
| Haemorrhage of childbirth and puerperium | 4 | — | — | — | — | — | — | — | — | 4 | — | — | — | — | — | — |
| Infection during childbirth and the puerperium ... | 19 — — | — — 2 | — — 6 | — — — | — — — | — — — | — — — | — — — | 2 2 — | 16 4 2 | — — — | — — — | — — — | — — — | — — — | 1 — — |

TABLE XXVIII.—continued.

| ILLNESS NURSED | Type of Nursing | | | | | | | | | | Frequency of Visits | | | | |
|---|-----------------|-----------|------------|-------------------------------|------------------------------|--------------|-------------------|-----------------|----------------|---------------|------------------------|-----------------|--------|------------------|-------|
| | General | Dressings | Injections | Pessaries Douches, etc. | Investiga- tion Enemas | Bed Baths | Post Operative | Other Enemas | Twice Daily | Daily | Every 2nd Day | Twice Weekly | Weekly | Fort- nightly | Other |
| Other diseases and accidents of pregnancy | 12 | — | — | — | — | — | — | — | 3 | 9 | — | — | — | — | — |
| Carbuncles, boils | — | 10 | 68 | — | — | — | — | — | 5 | 9 61 | — | 2 | 1 | — | — |
| Cellulitis, acute abscess, etc. ... | 8 | 36 | 65 | — | — | — | — | — | 1 7 | 8 31 55 | 3 2 1 | 1 | — | — | — |
| Other diseases of the skin and cellular tissues | 3 | 26 | 24 | — | — | — | — | — | 1 | 3 14 22 | 9 2 1 | 1 | 1 | — | — |
| Osteomyelitis | 2 | 3 | 3 | — | — | — | — | — | — | 2 2 2 | 1 | — | — | — | — |
| Other diseases of the bones ... | 5 | 3 | — | — | — | — | — | — | — | 5 3 | — | — | — | — | — |
| Diseases of joints, muscles and other organs of movement | — | — | 2 | — | — | — | — | — | — | 2 | — | — | — | — | — |
| Congenital malformations and deformities of the skeleton | 9 | 9 | — | — | — | — | — | — | — | 5 7 | 4 2 | — | — | — | — |
| Senility, Old Age | 181 | 3 | — | — | — | — | — | — | 9 | 106 2 | 26 1 1 2 1 | 30 | 10 | — | — |
| Burns, scalds | — | 42 | 4 | — | — | 56 | — | — | 3 | 29 4 | 8 | 2 | — | — | — |
| Cuts and other wounds | 1 | 10 | 9 | — | — | — | — | — | — | 1 7 7 | — | 2 | 1 | — | — |

TABLE XXVIII.—continued.

| ILLNESS NURSED | Type of Nursing | | | | | | | Frequency of Visits | | | | | | | |
|------------------------------|-------------------|-------------------|------------------|-------------------------------|------------------------------|------------------|-------------------|---------------------|------------------|-------------------|------------------|------------------|------------------|------------------|------------------|
| | General | Dressings | Injections | Pessaries Douches, etc. | Investiga- tion Enemas | Bed Baths | Post Operative | Other Enemas | Twice Daily | Daily | Every 2nd Day | Twice Weekly | Weekly | Fort- nightly | Other |
| Fractures, etc. | 29 — — — | — 11 — — | — — 5 — | — — — — | — — — — | — — — 4 | — — — — | — — — — | — — — — | 18 4 4 — | 5 4 — — | 3 1 1 2 | 2 1 — 2 | — — — — | — — — — |
| Other accidents | 26 — — — | — — 8 — | — — — 5 | — — — — | — — — — | — — — — | — — — — | — 4 — — | — — — 1 | 20 4 6 4 | 6 — 1 — | — — 1 — | — — — — | — — — — | — — — — |
| Amputations | — 1 | 14 — | — — | — — | — — | — — | — — | — — | — — | 10 — | 4 1 | — — | — — | — — | — — |
| Pressure sores | 1 — | — 9 | — — | — — | — — | — — | — — | — — | — — | 1 6 | — 2 | — 1 | — — | — — | — — |
| Diabetes | 3 — | — — | — 279 | — — | — — | — — | — — | — — | — 2 | 1 245 | 1 16 | — 10 | 1 6 | — — | — — |
| Gangrene | 3 — — | — 3 — | — — — | — — — | — — — | — — 1 | — — — | — — — | — — — | 1 1 — | — 2 — | — — — | 1 — 1 | — — — | 1 — — |
| Diseases of endocrine glands | 2 — | — — | — 10 | — — | — — | — — | — — | — — | — — | 2 5 | — — | — 4 | — 1 | — — | — — |
| TOTALS | 1,582 | 556 | 2,091 | 141 | 350 | 184 | 4 | 479 | 239 | 2,904 | 575 | 556 | 470 | 46 | 497 |

GRAND TOTAL :—5,387 cases.

N.B. It should be noted that the frequency of visits relates to the service provided when the case is first nursed. The frequency of visits fluctuates according to various factors such as the progress of the patient, assistance available, etc.

DOMESTIC HELP

"A very present help in trouble."—Psalms 46, 1.

The object of the Domestic Help Service, as defined in the National Health Service Act, 1946, is to provide domestic help "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school-age within the meaning of the Education Act, 1944." For convenience these cases have been divided in the Department's records into (a) maternity cases and (b) general cases.

The demand for this service continued to grow during 1954. The staff of Domestic Helps was again increased during the year, and a Domestic Help Organiser, who is working under the supervision of the Superintendent Health Visitor, was appointed in May, 1954. Every effort has been made to reduce travelling time by zoning the City, and as far as possible the Domestic Helps are given work within easy reach of their homes.

Application for the services of a Domestic Help is made to the Maternity and Child Welfare Centre, Orchard Place, and, in all cases where it is necessary and a medical certificate has been obtained, a visit is paid by a Health Visitor in order that there may be a full appreciation of the difficulties of the household.

The duties of a Domestic Help relate to the purely domestic work of the household, such as : cooking and preparation of meals, keeping the house clean, care of children, and shopping ; she does not, of course, do any nursing duties, and she provides her own food whilst at duty.

The Domestic Helps are engaged and paid by the Council ; a scale of daily charges for their services has been formulated and the amount payable is assessed according to the income of the family concerned. In cases of unusual circumstances, such as long illnesses involving heavy financial commitments, full investigation is made and a report submitted to the Assessment Section of the Maternal, Infant and Nursing Welfare Sub-Committee, for consideration, so that no family need be without assistance on account of financial difficulties.

During the past year, one of the problems of the Domestic Help Service has again been the number of very dirty homes in regard to which requests for help have been received from General Practitioners, neighbours, etc. When such houses are discovered, every effort is made to get a relative of the occupant to undertake general cleaning before the Domestic Help takes over, but in a number of cases this is impossible and a Domestic Help undertakes the task. At a meeting of Domestic Helps a suggestion was made that in these particular cases two women be sent to do the initial cleaning, and as far as possible this has been done. In no case is a Domestic Help directed to such houses, but on each occasion volunteers have been forthcoming. A great tribute is due to the women who undertake this type of work.

In preparation for the return of old persons from hospital, the Domestic Help Service has undertaken the cleaning of homes in a number of cases where the old person has been away for some time, and where there has been no relative available to carry out the work. In some instances it has been necessary to request the help of members of the disinfecting staff to assist with the objectionable cleaning. The Domestic Help Service has also given assistance in the homes of certain problem families and has co-operated with the Family Service Unit in the rehabilitation of the family.

Domestic Help has been provided during the year to a small number of tuberculous cases. These duties are undertaken, with the consent of the patient, by Domestic Helps on a voluntary basis, and before they are allowed to undertake such duties, the Domestic Helps are medically examined by Dr. H. M. Turner at the Chest Clinic of the Regional Hospital Board. They are instructed regarding general care and hygiene when employed in the homes of tuberculous cases, and as far as possible are only on duty in such homes for a short time, arrangements being made for alternating their duties with non-tuberculous families.

During the year 1954, domestic help was supplied to : 227 maternity cases, at which a total of 2,337 full days was worked by the Domestic Helps, and 1,642 general cases, including 18 Tuberculous cases, at which (making allowance for the fact that most of these were part-time engagements) the equivalent of a total of 34,075 full days was worked. 813 of the general cases were new applications and 829 were re-applications. A full working day consists of two periods of four hours each, and part-time engagements are arranged according to circumstances. The increase in the number of general cases is largely due to the increasing demands made by old people who would otherwise require institutional care.

VACCINATION AND IMMUNISATION

“ . . . it is hard for thee to kick against the pricks.”—The Acts, 9, 5.

On 5th July, 1948, the Appointed Day under the National Health Service Act, 1946, the Vaccination Acts ceased to have effect and the compulsory vaccination of infants against smallpox and the functions of Public Vaccinators came to an end. Under the Act the City Council has the duty of making arrangements with all medical practitioners to provide free vaccination against smallpox and also free immunisation against diphtheria for all Sheffield residents who desire these services. Facilities are also available for vaccination and immunisation at Maternity and Child Welfare Centres, at Nurseries and at School Clinics by the Local Authority's own medical staff. The practitioner obtains the vaccine lymph and diphtheria prophylactic from a central store which has been established at the Laboratory at the City General Hospital.

In every case in which a medical practitioner undertakes vaccination or immunisation, he is asked to complete and send to the Medical Officer of Health a record card giving all the details which are necessary to maintain accurate records and facilitate payment.

Separate Reports follow with regard to the services of Vaccination and Immunisation :—
VACCINATION.

Information is given in the statement below relating to primary vaccination and revaccination in the years 1949 to 1954, and also, for purposes of comparison, in the period from 5th July to 31st December, 1948, the preceding months of 1948, and in the full year 1947.

| VACCINATION AND REVACCINATION—YEARS 1947-1954. | | | | | | Aged under 1 yr. | 1 and under 5 yrs. | 5 yrs. and under 15 yrs. | 15 yrs. and over | Total |
|--|----|----|----|----|----|------------------------|--------------------------|--------------------------------|------------------------|-------|
| PERSONS VACCINATED | | | | | | | | | | |
| 1947 | .. | .. | .. | .. | .. | 3,319 | 1,907 | 20 | 13 | 5,259 |
| 1948 (1st January to 4th July) | .. | | | | .. | 569 | 1,632 | 10 | 3 | 2,214 |
| *1948 (5th July to 31st December) | .. | | | | .. | 747 | 36 | 12 | 26 | 821 |
| *1949 | .. | .. | .. | .. | .. | 565 | 584 | 30 | 90 | 1,269 |
| *1950 | .. | .. | .. | .. | .. | 705 | 1,058 | 82 | 145 | 1,990 |
| *1951 | .. | .. | .. | .. | .. | 781 | 1,151 | 99 | 309 | 2,340 |
| *1952 | .. | .. | .. | .. | .. | 763 | 876 | 60 | 269 | 1,968 |
| *1953 | .. | .. | .. | .. | .. | 1,157 | 1,093 | 158 | 346 | 2,754 |
| *1954 | .. | .. | .. | .. | .. | 1,261 | 1,122 | 80 | 180 | 2,643 |
| PERSONS REVACCINATED | | | | | | | | | | |
| 1947 | .. | .. | .. | .. | .. | — | — | — | — | — |
| 1948 (1st January to 4th July) | .. | | | | .. | — | — | — | — | — |
| *1948 (5th July to 31st December) | .. | | | | .. | — | 1 | 2 | 59 | 62 |
| *1949 | .. | .. | .. | .. | .. | — | 3 | 25 | 225 | 253 |
| *1950 | .. | .. | .. | .. | .. | — | 20 | 31 | 396 | 447 |
| *1951 | .. | .. | .. | .. | .. | — | 26 | 45 | 1,041 | 1,112 |
| *1952 | .. | .. | .. | .. | .. | — | 10 | 34 | 559 | 603 |
| *1953 | .. | .. | .. | .. | .. | — | 19 | 58 | 1,034 | 1,111 |
| *1954 | .. | .. | .. | .. | .. | — | 15 | 38 | 427 | 480 |

*As regards these periods the age quoted is that at 31st December. In previous periods it is the age when vaccinated.

It will be seen that following the introduction of voluntary vaccination there was a very marked decline in the number of primary vaccinations. In fact, the number of persons vaccinated during the year 1949 fell to 24 per cent. of the number for the year 1947. The position has improved during subsequent years, but the number of vaccinations during 1954 was still only 50.3 per cent. of the figure for 1947.

Infant vaccination provides young children with an immunity against smallpox, which can be expected to last at least until the age of beginning school ; it also ensures that the vaccination, performed perhaps as an emergency measure or as a routine procedure required by reason of service in the Forces or travel to a country where smallpox is prevalent, will be less likely to cause a severe local reaction resulting in temporary disability, or to be followed by encephalomyelitis, which is a rare but serious complication, especially in those vaccinated for the first time in adolescence.

The Ministry of Health Memorandum on Vaccination against Smallpox, issued in 1948, recommends the "multiple pressure technique" of introducing the vaccinia virus into the deeper layers of the epidermis. The operation is almost painless and severe local reactions are less likely than with the previous methods of linear insertion. The above technique consists of pressing the side of the needle point about 30 times into the area of skin covered by the drop of lymph.

DIPHTHERIA IMMUNISATION.

An efficient Diphtheria Immunisation Service has existed in Sheffield since 1941 and it was not greatly changed by the introduction of the National Health Service Act, 1946.

A total of 6,092 children under 15 years of age completed the course of immunisation in the year 1954, as against 6,326 in 1953. The following statement gives particulars of the number of persons who have been immunised since 1937, the first year in regard to which there are records available :—

| Year. | | | | | Number of persons who completed the course. | | | Total. |
|---------|----|----|----|----|---|-----------------------------|----------------------|---------|
| | | | | | Aged under 5 yrs. | 5 yrs. and under 15 yrs. | 15 yrs. and over. | |
| 1937-40 | .. | .. | .. | .. | 347 | 241 | — | 588 |
| 1941 .. | .. | .. | .. | .. | 4,335 | 5,530 | 76 | 9,941 |
| 1942 .. | .. | .. | .. | .. | 8,995 | 22,145 | 257 | 31,397 |
| 1943 .. | .. | .. | .. | .. | 6,965 | 14,461 | 626 | 22,052 |
| 1944 .. | .. | .. | .. | .. | 5,489 | 2,669 | 51 | 8,209 |
| 1945 .. | .. | .. | .. | .. | 7,213 | 1,881 | 27 | 9,121 |
| 1946 .. | .. | .. | .. | .. | 7,717 | 1,660 | 16 | 9,393 |
| 1947 .. | .. | .. | .. | .. | 8,133 | 1,408 | 39 | 9,580 |
| 1948 .. | .. | .. | .. | .. | 8,511 | 817 | 10 | 9,338 |
| 1949 .. | .. | .. | .. | .. | 7,655 | 1,575 | 49 | 9,279 |
| 1950 .. | .. | .. | .. | .. | 5,201 | 688 | 17 | 5,906 |
| 1951 .. | .. | .. | .. | .. | 5,715 | 607 | 27 | 6,349 |
| 1952 .. | .. | .. | .. | .. | 5,688 | 806 | 20 | 6,514 |
| 1953 .. | .. | .. | .. | .. | 5,151 | 1,175 | 7 | 6,333 |
| 1954 .. | .. | .. | .. | .. | 5,173 | 919 | 9 | 6,101 |
| TOTALS | .. | .. | .. | .. | 92,288 | 56,582 | 1,231 | 150,101 |

At the end of this section of the Report is given a tabular statement showing the number of children immunised in each age group as at 31st December in each of the years 1937-1954. It will be appreciated that within these age groups there is a considerable movement year by year owing to children attaining to a higher age group. After adjustment for this circumstance the records show the number of persons in the above age groups who had been immunised up to 31st December, 1954, to be as in the statement below :—

| | Aged under 5 yrs. | 5 yrs. and under 15 yrs. | 15 yrs. and over. | Total. |
|--|----------------------|-----------------------------|----------------------|---------|
| Number of persons immunised as at 31st December, 1954 | 18,591 | 70,704 | 60,806 | 150,101 |

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of five years, or when entering school. The following statement shows the number of children in the age group of five and under 15 years who have been given these injections from the outset, in May, 1944, until 31st December, 1954 :—

| Year. | | | | | | | | | Number of children given reinforcing injections. |
|-----------------|----|----|----|----|----|----|----|----|--|
| 1944 (8 months) | .. | .. | .. | .. | .. | .. | .. | .. | 1,972 |
| 1945 .. | .. | .. | .. | .. | .. | .. | .. | .. | 2,311 |
| 1946 .. | .. | .. | .. | .. | .. | .. | .. | .. | 5,006 |
| 1947 .. | .. | .. | .. | .. | .. | .. | .. | .. | 3,515 |
| 1948 .. | .. | .. | .. | .. | .. | .. | .. | .. | 4,146 |
| 1949 .. | .. | .. | .. | .. | .. | .. | .. | .. | 5,325 |
| 1950 .. | .. | .. | .. | .. | .. | .. | .. | .. | 3,603 |
| 1951 .. | .. | .. | .. | .. | .. | .. | .. | .. | 4,621 |
| 1952 .. | .. | .. | .. | .. | .. | .. | .. | .. | 5,409 |
| 1953 .. | .. | .. | .. | .. | .. | .. | .. | .. | 4,970 |
| 1954 .. | .. | .. | .. | .. | .. | .. | .. | .. | 4,647 |

The following statement gives a classification of primary immunisations completed and reinforcing injections given in the year 1954 :—

| | | Primary immunisations | Reinforcing injections |
|--|-------|--------------------------|---------------------------|
| At Maternity and Child Welfare Centres | .. | 2,396 | — |
| By School Health Service | .. .. | 1,145 | 3,161 |
| At Hospitals | .. .. | 153 | — |
| By General Medical Practitioners | .. .. | 2,407 | 1,486 |
| TOTALS | .. .. | 6,101 | 4,647 |

Constant efforts are made to encourage more children to be immunised and parents are made aware, by every possible means, of the importance of availing themselves of this service in order that their children may obtain immunity. 55.17 per cent. of all children under five years of age and 96.46 per cent. of all children between 5 and 15 years of age in the City had been immunised by the end of 1954, as against 54.68 per cent. and 94.95 per cent. respectively at the end of 1953. During 1954, general medical practitioners carried out 39.45 per cent. of all primary immunisations as against 36.05 per cent. in 1953, 26.30 per cent. in 1951 and 11.39 per cent. in 1947. It is very pleasing to see this volume of preventive medical work being done by general practitioners.

There were no confirmed notifications of diphtheria in the under 15 years age group in 1954, and no deaths which compares very favourably with the 875 notifications and 21 deaths in this group in the year 1939, when very few children were immunised. Thus it would seem that mass immunisation has not only protected the large numbers of children inoculated but has also had the effect of lessening the likelihood of the disease occurring amongst the relatively small number of non-immunised children now remaining.

Whooping Cough Immunisation.—The use of combined vaccine for immunisation against Whooping Cough and Diphtheria was introduced at the Maternity and Child Welfare clinics in May, 1954. Immunisation against Whooping Cough alone was also commenced on this date. The figures in relation to these immunisations may be found on page 51 of this Report.

At the request of the Minister of Health, Sheffield, like other Local Authorities, also supervises the certificates of inoculation against certain diseases for persons travelling abroad.

DIPHThERIA IMMUNISATION.

The following tabulated statement shows the number of children immunised each year since 1937 :—

| Age in years on 31st December of the corresponding year | 1937 | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | Total immunised on 31st December, 1954 |
|---|------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|------|---|
| Under 1 Year ... | — | — | — | — | 15 | 491 | 85 | 64 | 76 | 119 | 462 | 532 | 491 | 252 | 369 | 426 | 354 | 619 | 0-4 Group 18591 |
| 1 Year ... | — | — | 10 | 33 | 1728 | 2190 | 2384 | 3091 | 4500 | 4222 | 5004 | 5380 | 4707 | 3439 | 3630 | 3567 | 3293 | 3154 | |
| 2 Years ... | 3 | 7 | 34 | 82 | 1142 | 1262 | 1456 | 1142 | 1414 | 1904 | 1352 | 1556 | 1305 | 855 | 1026 | 853 | 700 | 691 | |
| 3 " ... | 9 | 11 | 31 | 86 | 864 | 806 | 869 | 637 | 565 | 713 | 556 | 430 | 495 | 336 | 269 | 372 | 287 | 223 | |
| 4 " ... | 3 | 2 | 11 | 64 | 576 | 708 | 1038 | 203 | 305 | 434 | 340 | 258 | 260 | 161 | 209 | 226 | 243 | 173 | |
| 5 " ... | — | — | 23 | 23 | 1206 | 3744 | 3215 | 649 | 546 | 442 | 598 | 455 | 590 | 223 | 311 | 356 | 417 | 450 | 5-9 Group 37254 |
| 6 " ... | — | — | 18 | 21 | 998 | 3258 | 2490 | 675 | 603 | 537 | 463 | 290 | 514 | 248 | 210 | 284 | 449 | 318 | |
| 7 " ... | — | — | 22 | 15 | 770 | 2876 | 2208 | 605 | 283 | 287 | 206 | 119 | 267 | 133 | 92 | 125 | 169 | 162 | |
| 8 " ... | — | — | 18 | 27 | 552 | 2338 | 1670 | 240 | 174 | 189 | 137 | 86 | 164 | 71 | 57 | 73 | 107 | 94 | |
| 9 " ... | — | — | 7 | 11 | 532 | 2784 | 1616 | 165 | 138 | 121 | 118 | 57 | 109 | 49 | 44 | 64 | 89 | 52 | |
| 10 " ... | — | — | — | 9 | 396 | 2338 | 1170 | 163 | 109 | 109 | 98 | 55 | 95 | 40 | 34 | 37 | 58 | 44 | 10-14 Group 33450 |
| 11 " ... | — | — | — | 8 | 314 | 2278 | 1110 | 151 | 122 | 74 | 64 | 41 | 92 | 24 | 29 | 40 | 58 | 45 | |
| 12 " ... | — | — | — | — | 370 | 2071 | 903 | 165 | 108 | 94 | 50 | 32 | 46 | 25 | 14 | 25 | 34 | 24 | |
| 13 " ... | — | — | — | — | 298 | 1830 | 662 | 117 | 96 | 84 | 51 | 20 | 37 | 22 | 10 | 25 | 35 | 24 | |
| 14 " ... | — | — | — | — | 117 | 1628 | 460 | 91 | 48 | 40 | 38 | 13 | 40 | 10 | 10 | 10 | 25 | 11 | |
| 15 Years and over ... | — | — | — | — | 66 | 795 | 726 | 51 | 34 | 24 | 43 | 14 | 67 | 18 | 35 | 31 | 15 | 17 | 15 and over 60806 |
| Total each Year Immunisations | 15 | 20 | 174 | 379 | 9941 | 31397 | 22052 | 8209 | 9121 | 9393 | 9580 | 9338 | 9279 | 5906 | 6349 | 6514 | 6333 | 6101 | Grand Total—1937-1954 150101 |
| Reinforcing Injections ... | — | — | — | — | — | — | — | 1981 | 2320 | 5038 | 3515 | 4146 | 5325 | 3603 | 4621 | 5409 | 4970 | 4647 | 45575 |

B.C.G. VACCINATION OF SCHOOL CHILDREN

By J. A. G. WATSON, M.B., B.S.,

Assistant Maternity and Child Welfare Medical Officer.

In November, 1953, Ministry of Health Circular 22/53 was received, in which it was stated that the Minister had approved the extension of the use of B.C.G. to include school children in their fourteenth year.

It was decided to implement this scheme in Sheffield, and the problem of doing so resolved itself into two parts :—

- (1) The actual procedure of vaccination.
- (2) Administration.

1. Vaccination.—Following consultations with Dr. H. Midgley Turner, Dr. D. Anderson and Dr. J. Lorber, a time-table of events was drawn up. It was hoped that this would be modified later, particularly if Heaf's multiple puncture test proved satisfactory for skin testing.

Three separate items are involved in this time-table :—

(a) *The pre-vaccination skin testing.* This involves either a "Jelly Test" followed by a Mantoux test, or Heaf's multiple puncture test. It is felt advisable to do the extra jelly test to avoid very sore arms from strongly positive mantoux.

(b) *The vaccination of the negative reactors.* Unfortunately, the only vaccine approved by the Ministry is that prepared in Denmark. The distance involved necessitates an order being placed for this material three weeks in advance. The vaccine cannot be stored and must therefore be ordered for immediate use. The whole procedure will be simplified if the freeze-dried material prepared in this country is approved, as this can be stored for quite a long period.

(c) *Follow up procedure.* This involves a further skin test not less than six weeks after vaccination to ensure "conversion" has taken place, i.e., that the vaccination has been effective. In addition to this, the vaccination site has to be inspected at intervals after vaccination to find any severe or abnormal reactions.

Those who give positive reactions to the pre-vaccination test are to be notified to the Health Visitor of the area concerned, and to the School Medical Service for any further action necessary.

The time-table may then be summarised as follows :—

| | | | |
|---|---------|------------------------------------|----|
| Application of jelly test—7 days | | | |
| followed by | | | |
| Reading of jelly test } Mantoux test } | —3 days | Multiple puncture test—3 days | |
| or | | | |
| Reading of skin test } Vaccination } | —0 | Reading of test } Vaccination } | —0 |
| Inspection of Vaccination, 4–5 weeks. | | | |
| Inspection and conversion test, 8 weeks. | | | |
| Reading of conversion test, 3 days later. | | | |

2. Administration.—In consultation with the Director of Education and the Principal School Medical Officer, the following basic decisions were made :—

- (a) The administration and running of the scheme would be the responsibility of the Public Health Department. The School Health Service would act as the liaison with the schools and would provide help where required.
- (b) The procedure would take place in either the school clinics or the school medical rooms.
- (c) The "vaccination team" would consist of a Medical Officer and a Health Visitor, who would have the assistance of the Health Visitor working in the area around the school.
- (d) Whilst experience was being gained, no effort would be made to cover all schools of Sheffield in the first twelve months, but one area (the Manor district) would be covered first, so that the working of the scheme became routine, and the work would then be gradually intensified until eventually all schools were visited once a year.

The visit to a school has to be planned one or two months in advance, taking account of the school holidays, the time required for the parental consent forms to be despatched, signed and returned, and the ordering of the Tuberculin for skin testing and the vaccine. These matters are settled by consultation with the School Health Service, and the programme for each individual school is then drawn up.

Records are kept on the Ministry of Health standard cards, but later, for statistical purposes, may also be incorporated on a Hollerith card.

The private doctors of the children concerned are sent a letter at the end of the ten weeks, detailing the results of the tests and vaccination.

The scheme was implemented in September, 1954 and, by the end of the year, two schools had been visited. The time-table worked smoothly and liaison with the schools was very good.

The results for these two schools are as follows :—

| | Consents received | Lost by absence. | Positive Jelly test. | Positive Mantoux test. | % Positive reaction. | Number Vaccinated. |
|----------------------|----------------------|---------------------|-------------------------|------------------------------|-------------------------|-----------------------|
| Prince Edward School | 93 | 4 | 20 | 8 | 31·4 | 61 |
| Pipworth Road School | 84 | 15 | 17 | 2 | 27·5 | 50 |
| TOTALS | 177 | 19 | 37 | 10 | 29·7 | 111 |

It is too early to attempt to report on the follow up in detail, but so far no abnormal reactions have been found and all the vaccinations have been satisfactory.

It is of interest to note from the above figures that the Jelly test was extremely effective in screening off the majority of the positive reactors—20 out of 28 and 17 out of 19.

It will also be seen that the percentage of positive reactors is relatively low and that about 70% of these children have little or no acquired resistance to Tuberculosis (as measured by the tuberculin skin sensitivity) at school leaving age. This would appear to give an early indication of the probable value of this procedure.

AMBULANCE SERVICES

“ Why is his chariot so long in coming?”—Judges, 2, 28.

The arrangements made by the City Council in July, 1948, for the provision of ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946, have been continued, and the unified services set up under the administration of the Health Committee have been operated without any major modification. The provisions of Section 24 of the National Health Service (Amendment) Act, 1949, were applied as from 1st March, 1950. This section placed the financial responsibility for the conveyance of certain persons, discharged from hospital within three months of admission, upon the authority from whose area they originally travelled.

The administrative centre and operational depot of the Service is at the Ambulance Station in Corporation Street ; 29 ambulances and five sitting case cars are sited at this Station, and a twenty-four hour service is provided for the conveyance of non-infectious cases. Four ambulances continue to operate from the Lodge Moor Hospital Station for cases of an infectious nature.

In addition to the services instituted under the Act dealing with Sheffield cases, arrangements have been made for mutual assistance with adjoining Authorities and, at the request of the West Riding of Yorkshire and Derbyshire Authorities, ambulance cover is provided in certain parts of their areas which are adjacent to the City. The agreements made with these Authorities include both routine and emergency calls. The arrangements for transmission and servicing of accident calls have been made applicable to an area coinciding with the Sheffield Telephone Exchange area, which extends into both the West Riding of Yorkshire and Derbyshire.

Agency arrangements were made between the Council and the British Red Cross (Sheffield Division) and the St. John Ambulance Brigade (Sheffield Corps) for the provision of an ambulance for occasional long distance journeys, and these voluntary organisations have each placed one ambulance at the disposal of the Service, as and when required.

Radio-Telephone equipment was installed in April, 1954. The main fixed station is sited in the Public Health Department premises at Town Hall Chambers and is remotely controlled from the Ambulance Control Room in Corporation Street.

37 vehicles are now radio-controlled and this method of communication is contributing to a higher degree of efficiency.

Duties Undertaken.—There has been an increase of approximately 2.7 per cent. in the number of patients carried during the year and an increase of three per cent. in the total mileage run. There has also been a slight increase in the work done for the adjoining authorities.

In the main, the journeys undertaken have been associated with the conveyance of patients to and from Sheffield Hospitals and Treatment Centres, but, as mentioned above, the facilities provided are not limited to residents within the City, and a number of longer journeys have been made for conveying patients from Sheffield to more distant destinations.

There were altogether 246 journeys arranged for the conveyance of patients to distant destinations, resulting in 189 journeys by Ambulance or Ambulance Car and 42 journeys by Train and Ambulance. On several occasions it was possible to combine more than one destination in a single journey.

These journeys were mainly connected with the discharge of patients from Sheffield Hospitals, but 73 journeys were made to the Ministry of Pensions' Hospital and Limb Fitting Centres at Leeds, and 52 journeys to Convalescent Homes situated at Skegness, Market Bosworth, Southport and Boston etc., were also undertaken.

The destinations of the various long distance journeys made by road, with the number of visits to each shown in parentheses, were as follows :—

Alcester, Warwickshire (1), Altrincham, Cheshire (1), Barrow-in-Furness, Lancs. (2), Beeston, Notts. (3), Belper, Derbys. (1), Birley on the Hill, Rutland (1), Birmingham (6), Blackpool (1), Boston, Lincs. (11), Bradford (2), Burton-on-Trent (1), Caistor, Lincs. (1), Castleford, Yorks. (1), Cheadle, Cheshire (1), Cleethorpes (3), Coseley, Staffs. (1), Derby (4), Epworth, Lincs. (1), Freshfield, Lancs. (1), Frieston, Lincs. (1), Grange-over-Sands, Lancs. (1), Grimsby (4), Halifax (1), Hazelwood, Derbys. (1), Hornsea, Yorks. (1), Huddersfield (1),

Hull (3), Hunstanton, Norfolk (1), Immingham, Lincs. (1), Keighley (1), Leeds (73), Leicester (4), Lincoln (2), Louth, Lincs. (1), Mablethorpe, Lincs. (2), Manchester (4), Market Bosworth, Leics. (5), Market Harborough, Leics. (1), Newark-on-Trent, Notts. (1), Newcastle-under-Lyme, Staffs. (1), Nottingham (6), Oakham, Rutland (2), Oldham (1), Ormskirk, Lancs. (3), Preston (2), Radcliffe, Lancs. (1), Rochdale (1), Rugby (1), Scarborough (4), Skegness (15), Sleights, Yorks. (1), South Ferriby, Lincs. (1), Southport (3), Spilsby, Lincs. (1), Spondon, Derbys. (2), Stafford (1), Thornaby-on-Tees, Yorks. (1), Thurgarton, Notts. (1), Wigan (1), Woodhall Spa, Lincs. (1), York (2).

The mileage run in performing this section of the work amounted to 25,000 miles, and a further 7,900 miles was saved by the use of train transport.

The journeys undertaken by train were to the following destinations :—

Ashford, Kent (1), Birmingham (3), Boston, Lincs. (1), Cleethorpes (2), Deal (1), Derby (1), Gloucester (1), Great Yarmouth (1), Hull (1), Leeds (1), Leicester (7), Lincoln (1), Liverpool (2), London (1), Luton (1), March (1), Nottingham (2), Shoreham (1), Skegness (5), Southport (1), Spalding (2), Stoke-on-Trent (1), Tamworth (1), Teignmouth (1), Whitchurch, Salop (1), Worthing (1).

Special arrangements are made to deal with calls of an urgent nature, and emergency ambulances conveyed 4,942 patients as a result of either accident or sudden illness. There were also 36 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Cars were made available for the use of Municipal Midwives in the night hours when ordinary transport was not available, or in other emergencies, and there were 1,114 requests for this service. In addition, a further 247 journeys were made in delivering nitrous oxide cylinders and apparatus to midwives, and cots for premature babies were conveyed on six occasions.

SUMMARY OF PATIENTS CARRIED AND MILEAGE RUN DURING THE YEARS 1953 AND 1954.

| On whose behalf. | Year 1953 | | Year 1954 | |
|----------------------------------|----------------------------|-------------|-----------------------------|--------------|
| | Number of Patients carried | Mileage run | Number of Patients carried. | Mileage run. |
| Sheffield City Council | 121,546 | 433,929·6 | 124,342 | 443,490·2 |
| West Riding County Council | 2,190 | 18,740·8 | 2,511 | 21,483·6 |
| Derbyshire County Council | 9,177 | 67,288·9 | 9,740 | 73,607·0 |
| Other Authorities | 264 | 12,204·3 | 254 | 9,731·8 |
| TOTALS | 133,177 | 532,163·6 | 136,847 | 548,312·6 |

Staff.—The provision of a twenty-four hour service necessitates all members of the operational staff working shift duties. Drivers and attendants are required to hold First Aid qualifications and the majority of them have attained medallion proficiency. It is also a condition of their service that they attend refresher courses at reasonable intervals.

Drivers were again entered for the National Safe Driving Competition and, of the 44 entrants, 39 drivers qualified for the following awards :—17 diplomas, 3 five year medals, 13 bars to five year medals and 6 Oak Leaf bars to ten year medals.

Maintenance of Vehicles.—The maintenance and repair of vehicles is carried out on the premises, and a staff of five mechanics and one apprentice is engaged on this work.

During the year, two new ambulances were received.

WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

By A. J. BAKER.

“ To this be never blind.”—R. Burns.

The welfare services for the above disabled persons have been continued during the period under review, and in some cases the services have been extended. Two additional District Social Centres were opened during 1954, and the sales of workshop products were the highest since 1949.

The Ministry of Labour and National Service has, during the year, issued the following circulars :—

- (a) In January, 1954, setting out the amended form of accounts to be kept by Workshops for the Blind.
- (b) In February, 1954, drawing attention to a circular issued by the Ministry of Housing and Local Government to all Local Authorities with regard to the placing of contracts with Workshops for the Blind and other organisations providing sheltered employment for severely disabled persons.
- (c) In March, 1954, with reference to claims submitted to the Ministry by Local Authorities for grants towards the administrative costs in respect of the employment of blind persons in Home Workers' Schemes.
- (d) In May, 1954, with reference to the Training and Employment of Partially Sighted Persons.
- (e) In October, 1954, regarding the employment of Severely Disabled Sighted Persons in Workshops for the Blind.
- (f) In December, 1954, with reference to the grants payable in respect of the employment of blind persons in Workshops for the Blind.

In October, 1954, Officers of the Ministry of Labour and National Service visited Sheffield for the purpose of inspecting the Welfare of the Blind Department and the Council's Scheme for the employment of Blind Persons as Home Workers. Very satisfactory reports were subsequently received in respect of the inspections.

At September 30th, 1954, the Transport Department were obliged to refuse the further issue of free passes to blind persons entitling them to travel without charge on tram cars and certain motor bus routes. As a result of this decision the Committee decided, as from October 1st, 1954, to put into effect their earlier decision to provide free transport facilities for certain handicapped persons in accordance with the approved Schemes of the City Council under the National Assistance Act, 1948, for the welfare of handicapped persons.

A further meeting, the fifth, of the Local Authorities Advisory Committee on the Conditions of Service of Blind Persons, was held in October, 1954 and, as previously, the recommendations of the Advisory Committee have been kept constantly under review by the Health Committee, but no specific action has been taken.

The Superintendent again served on the General Executive of the National Association of Workshops for the Blind Incorporated. During the year the home teaching staff has been maintained at full strength and facilities were again given by the Committee for home teachers, by rota, to attend the usual conferences, the week-end school arranged by the North Regional Association for the Blind, and also a special week-end conference arranged to discuss the special problems of deaf-blind persons.

REGISTRATION STATISTICS at 31st DECEMBER, 1954.

TABLE A—Classification of Registered Blind Persons by Age Groups

| | | | | | Total Register (Age at Dec. 31st, 1954) | | | New Cases Registered Jan. 1st, 1954 to Dec. 31st, 1954 (Age at Registration) | | |
|-------------|----|----|----|----|--|-----|--------|--|----|--------|
| | | | | | M. | F. | Total. | M. | F. | Total. |
| 0 | .. | .. | .. | .. | 1 | — | 1 | 2 | — | 2 |
| 1 | .. | .. | .. | .. | 2 | — | 2 | — | 1 | 1 |
| 2 | .. | .. | .. | .. | — | 2 | 2 | — | — | — |
| 3 | .. | .. | .. | .. | 2 | 3 | 5 | — | — | — |
| 4 | .. | .. | .. | .. | 2 | — | 2 | — | — | — |
| 5—10 | .. | .. | .. | .. | 7 | 8 | 15 | 1 | 2 | 3 |
| 11—15 | .. | .. | .. | .. | 3 | 4 | 7 | — | — | — |
| 16—20 | .. | .. | .. | .. | 8 | 5 | 13 | — | — | — |
| 21—30 | .. | .. | .. | .. | 17 | 11 | 28 | — | 1 | 1 |
| 31—39 | .. | .. | .. | .. | 28 | 23 | 51 | 1 | 2 | 3 |
| 40—49 | .. | .. | .. | .. | 45 | 37 | 82 | 1 | 3 | 4 |
| 50—59 | .. | .. | .. | .. | 74 | 51 | 125 | 3 | 5 | 8 |
| 60—64 | .. | .. | .. | .. | 31 | 35 | 66 | 3 | 2 | 5 |
| 65—69 | .. | .. | .. | .. | 42 | 63 | 105 | 3 | 6 | 9 |
| 70 and over | .. | .. | .. | .. | 166 | 301 | 467 | 38 | 52 | 90 |
| Unknown | .. | .. | .. | .. | 2 | 2 | 4 | — | — | — |
| TOTALS | | | | | 430 | 545 | 975 | 52 | 74 | 126 |

TABLE B—Ages at which blindness occurred

| | | | | | Total Register | | | New Cases Registered Jan. 1st, 1954 to Dec. 31st, 1954 | | |
|-------------|----|----|----|----|----------------|-----|--------|---|----|--------|
| | | | | | M. | F. | Total. | M. | F. | Total. |
| 0 | .. | .. | .. | .. | 38 | 44 | 82 | 3 | 1 | 4 |
| 1 | .. | .. | .. | .. | 9 | 10 | 19 | — | 2 | 2 |
| 2 | .. | .. | .. | .. | 4 | 2 | 6 | — | — | — |
| 3 | .. | .. | .. | .. | 3 | 3 | 6 | — | 1 | 1 |
| 4 | .. | .. | .. | .. | 3 | 3 | 6 | — | — | — |
| 5—10 | .. | .. | .. | .. | 18 | 24 | 42 | — | 1 | 1 |
| 11—15 | .. | .. | .. | .. | 9 | 12 | 21 | — | — | — |
| 16—20 | .. | .. | .. | .. | 11 | 8 | 19 | 1 | — | 1 |
| 21—30 | .. | .. | .. | .. | 40 | 20 | 60 | — | 2 | 2 |
| 31—39 | .. | .. | .. | .. | 34 | 34 | 68 | 1 | 2 | 3 |
| 40—49 | .. | .. | .. | .. | 49 | 38 | 87 | 1 | 3 | 4 |
| 50—59 | .. | .. | .. | .. | 44 | 54 | 98 | 3 | 4 | 7 |
| 60—64 | .. | .. | .. | .. | 25 | 35 | 60 | 6 | 4 | 10 |
| 65—69 | .. | .. | .. | .. | 24 | 53 | 77 | 2 | 9 | 11 |
| 70 and over | .. | .. | .. | .. | 81 | 162 | 243 | 35 | 43 | 78 |
| Unknown | .. | .. | .. | .. | 38 | 43 | 81 | — | 2 | 2 |
| TOTALS | | | | | 430 | 545 | 975 | 52 | 74 | 126 |

TABLE C—Blind persons age 16 and upwards

| Not living at home. | | | | | | M. | F. | Total |
|--|---------------------|----|----|----|----|----|----|-------|
| Residential accommodation provided under Part III of the 1948 Act, Section 21. | | | | | | | | |
| (a) | Homes for the Blind | .. | .. | .. | .. | 12 | 8 | 20 |
| (b) | Other Homes | .. | .. | .. | .. | 2 | 3 | 5 |
| Other Residential Homes | | .. | .. | .. | .. | — | 4 | 4 |
| Mental Hospitals.. | | .. | .. | .. | .. | 10 | 13 | 23 |
| Mental Deficiency Institutions | | .. | .. | .. | .. | 1 | 2 | 3 |
| Chronic Wards of Hospitals | | .. | .. | .. | .. | 10 | 15 | 25 |
| TOTALS | | | | | | 35 | 45 | 80 |

In addition, 2 blind persons (1 male and 1 female) under 16 were also patients in Mental Hospitals at 31st December, 1954.

TABLE D.—Blind Population Statistics.

The following table summarises the position as to the age groups of registered blind persons in Sheffield during each of the years in which the Department has maintained statistics since the City Council took over the service in 1927. The position at March 31st is shown for the years 1929 to 1952, and at December 31st for the years 1952 to 1954.

Special attention is directed to the increase in the number of children who are legally blind in the groups 0—16 years in the period up to December 31st, 1953 :—

| | | | | | | |
|---------------------|----|----|----|----|----|----|
| March 31st, 1949 | .. | .. | .. | .. | .. | 15 |
| „ 1950 | .. | .. | .. | .. | .. | 19 |
| „ 1951 | .. | .. | .. | .. | .. | 23 |
| „ 1952 | .. | .. | .. | .. | .. | 26 |
| December 31st, 1952 | .. | .. | .. | .. | .. | 29 |
| „ 1953 | .. | .. | .. | .. | .. | 35 |
| „ 1954 | .. | .. | .. | .. | .. | 34 |

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

| Year (at March 31st) | 0-5 | | | | | 5-16 | | 16-21 | 21-30 | 30-40 | 40-50 | 50-60 | | 60-70 | Over 70 | TOTAL | | |
|--|-----|---|-----|---|---|------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|--------------|-------|-----|
| 1929 | 4 | | | | | 31 | | 30 | 41 | 66 | 81 | 138 | | 142 | 143 | 676 | | |
| 1930 | 3 | | | | | 29 | | 32 | 43 | 67 | 85 | 136 | | 149 | 153 | 697 | | |
| 1931 | 3 | | | | | 33 | | 34 | 42 | 66 | 88 | 125 | | 164 | 170 | 725 | | |
| 1932 | 4 | | | | | 29 | | 33 | 48 | 67 | 85 | 138 | | 178 | 176 | 758 | | |
| 1933 | 8 | | | | | 26 | | 26 | 57 | 66 | 94 | 132 | | 183 | 181 | 773 | | |
| 1934 | 7 | | | | | 23 | | 28 | 51 | 72 | 92 | 134 | | 196 | 183 | 786 | | |
| 1935 | 5 | | | | | 28 | | 21 | 51 | 74 | 88 | 139 | | 193 | 207 | 806 | | |
| 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 | 0-1 | | 1-5 | | | 28 | 18 | 21-40 | | | 87 | 50-65 | | 65-70 | | 211 | 804 | |
| | — | | 3 | | | | | 123 | | | | 230 | | 104 | | | | |
| | — | | 4 | | | | | 116 | | | | 233 | | 101 | | | | |
| | — | | 2 | | | | | 113 | | | | 241 | | 111 | | | | |
| | — | | 1 | | | | | 113 | | | | 256 | | 138 | | | | |
| | — | | 1 | | | | | 105 | | | | 259 | | 129 | | | | |
| | — | | 1 | | | | | 105 | | | | 255 | | 115 | | | | |
| | — | | 1 | | | | | 103 | | | | 245 | | 119 | | | | |
| | — | | 2 | | | | | 105 | | | | 230 | | 136 | | | | |
| | — | | ? | | | | | 108 | | | | 218 | | 138 | | | | |
| | — | | 2 | | | | | 103 | | | | 219 | | 124 | | | | |
| | — | | 2 | | | | | 109 | | | | 207 | | 129 | | | | |
| | — | | 2 | | | | | 103 | | | | 208 | | 112 | | | | |
| | — | | 1 | | | | | 106 | | | | 213 | | 96 | | | | |
| | — | | 3 | | | | | 100 | | | | 216 | | 90 | | | | |
| 1950 1951 1952 | 0 | 1 | 2 | 3 | 4 | 5-10 | 11-15 | 16-20 | 21-30 | 31-39 | 40-49 | 50-59 | 60-64 | 65-69 | 70 and over | Un- known | Total | |
| | 1 | — | 1 | — | 2 | 7 | 8 | 10 | 36 | 68 | 66 | 131 | 82 | 96 | 430 | — | 938 | |
| | — | — | 2 | 2 | 1 | 9 | 9 | 12 | 33 | 59 | 75 | 126 | 82 | 104 | 428 | 5 | 947 | |
| | — | 3 | — | 2 | 3 | 8 | 10 | 12 | 37 | 57 | 82 | 127 | 89 | 97 | 417 | 5 | 949 | |
| At Dec. 31st | | | | | | | | | | | | | | | | | | |
| 1952 | ... | — | 3 | 2 | — | 2 | 11 | 11 | 11 | 32 | 55 | 78 | 130 | 79 | 96 | 430 | 5 | 945 |
| 1953 | ... | 1 | 1 | 6 | 2 | 1 | 12 | 12 | 11 | 31 | 55 | 82 | 117 | 77 | 113 | 432 | 5 | 958 |
| 1954 | ... | 1 | 2 | 2 | 5 | 2 | 15 | 7 | 13 | 28 | 51 | 82 | 125 | 66 | 105 | 467 | 4 | 975 |

TABLE E.—Distribution of Local Blind Persons.

Children, age under 16.

| | | | | | M. | F. | Total | M. | F. | Total |
|-----------|--------------------------------------|----|----|----|----|----|-------|----|----|-------|
| Under 2 | At home | .. | .. | .. | 3 | — | 3 | 3 | — | 3 |
| Age 2—4+ | <i>Educable</i> At home | .. | .. | .. | 3 | 5 | 8 | | | |
| | Attending Nursery School | .. | .. | .. | — | — | — | | | |
| | <i>Ineducable</i> In mental Hospital | .. | .. | .. | 1 | — | 1 | 4 | 5 | 9 |
| Age 5—15+ | <i>Educable</i> :— | | | | | | | | | |
| | Attending school | .. | .. | .. | 7 | 7 | 14 | | | |
| | Not at school | .. | .. | .. | — | 1 | 1 | | | |
| | <i>Ineducable</i> :— | | | | | | | | | |
| | In Mental Hospitals | .. | .. | .. | 1 | 1 | 2 | | | |
| | At home | .. | .. | .. | 2 | 3 | 5 | 10 | 12 | 22 |
| | | | | | | | | 17 | 17 | 34 |

Education, Training and Employment.

Age periods 16 years and upwards.

| | | | | | | | | | | |
|-------------------------------------|----|----|----|----|---|---|---|---|---|---|
| <i>Educable</i> .—At school : 16—20 | .. | .. | .. | .. | 3 | — | 3 | 3 | — | 3 |
|-------------------------------------|----|----|----|----|---|---|---|---|---|---|

Employed.(a) *In Workshops for the Blind.*

| | | | | | | | | | | |
|-------------|----|----|----|----|----|---|----|----|----|----|
| 16—20 | .. | .. | .. | .. | — | 1 | 1 | | | |
| 21—39 | .. | .. | .. | .. | 14 | 2 | 16 | | | |
| 40—49 | .. | .. | .. | .. | 17 | 5 | 22 | | | |
| 50—59 | .. | .. | .. | .. | 10 | 5 | 15 | | | |
| 60—64 | .. | .. | .. | .. | 3 | — | 3 | | | |
| 65 and over | .. | .. | .. | .. | 1 | 1 | 2 | 45 | 14 | 59 |

(b) *As Approved Home Workers.*

| | | | | | | | | | | |
|-------|----|----|----|----|---|---|---|---|---|---|
| 40—49 | .. | .. | .. | .. | 2 | 1 | 3 | 2 | 1 | 3 |
|-------|----|----|----|----|---|---|---|---|---|---|

(c) *All others.*

| | | | | | | | | | | |
|-------------|----|----|----|----|----|---|----|----|----|-----|
| 16—20 | .. | .. | .. | .. | 1 | 3 | 4 | | | |
| 21—39 | .. | .. | .. | .. | 11 | 4 | 15 | | | |
| 40—49 | .. | .. | .. | .. | 8 | 2 | 10 | | | |
| 50—59 | .. | .. | .. | .. | 9 | 4 | 13 | | | |
| 60—64 | .. | .. | .. | .. | 4 | — | 4 | | | |
| 65 and over | .. | .. | .. | .. | 1 | — | 1 | 34 | 13 | 47 |
| | | | | | | | | 81 | 28 | 109 |

Undergoing Training.

| | | | | | | | | | | |
|--------------------------------|----|----|----|----|---|---|---|---|---|---|
| (a) For Sheltered Employment | .. | .. | .. | .. | 2 | 1 | 3 | | | |
| (b) For Open Employment | .. | .. | .. | .. | 1 | — | 1 | | | |
| (c) Professional or University | .. | .. | .. | .. | — | — | — | 3 | 1 | 4 |

| | | | | | | | | | | |
|---------------------|----|----|----|----|----|----|-------|-----|-----|-----|
| <i>Not Employed</i> | .. | .. | .. | .. | .. | .. | .. | 326 | 499 | 825 |
| | | | | | | | Total | 430 | 545 | 975 |

TABLE F.—Registration of Blindness.

During the year ended 31st December, 1954, 134 names were added to the local register of blind persons and 117 names were removed. Details are shown in the following table :—

| | |
|--|-------|
| Number of registered blind persons at 31st December, 1953 .. | 958 |
| Number registered 1st January, 1954 to 31st December, 1954 | 126 |
| Removals into area | 5 |
| Re-certified | 3 |
| | 134 |
| | 1,092 |
| Deaths | 92 |
| De-certified | 9 |
| Removals out of area | 16 |
| | 117 |
| Number on register 31st December, 1954 | 975 |

TABLE G.—Register of Partially-Sighted Persons.

| Age Group | 0—1 | | 2—4 | | 5—15 | | 16—20 | | 21—49 | | 50—64 | | 65 and over | | All ages | | Total |
|-------------------------|-----|---|-----|---|------|----|-------|---|-------|---|-------|----|-------------|----|----------|-----|------------|
| Date | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | both sexes |
| 31st March, 1951 ... | — | — | — | — | — | — | — | — | — | 2 | 3 | 3 | 14 | 18 | 17 | 23 | 40 |
| 31st December, 1952 ... | — | 1 | — | — | 17 | 12 | 3 | 1 | 2 | 7 | 8 | 5 | 22 | 52 | 52 | 78 | 130 |
| 31st December, 1953 ... | — | — | — | 1 | 19 | 13 | 4 | 2 | 3 | 6 | 10 | 7 | 35 | 70 | 71 | 99 | 170 |
| 31st December, 1954 ... | — | — | — | 1 | 19 | 16 | 4 | 3 | 7 | 5 | 8 | 12 | 46 | 86 | 84 | 123 | 207 |

EMPLOYMENT.

(A) IN BLIND WORKSHOPS.

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years :—

| Year ended 31st March | | | | Productive Wages | Gross Sales | Less Purchase Tax | Total Net Sales |
|--------------------------|----|----|----|---------------------|----------------|-------------------------|-----------------------|
| | | | | £ | £ | £ | £ |
| 1945 | .. | .. | .. | 6,441 | 28,791 | 1,531 | 27,260 |
| 1946 | .. | .. | .. | 5,845 | 26,920 | 1,758 | 25,162 |
| 1947 | .. | .. | .. | 6,441 | 30,976 | 2,380 | 28,596 |
| 1948 | .. | .. | .. | 7,342 | 39,412 | 3,443 | 35,969 |
| 1949 | .. | .. | .. | 8,216 | 40,651 | 3,107 | 37,544 |
| 1950 | .. | .. | .. | 7,926 | 34,815 | 2,782 | 32,033 |
| 1951 | .. | .. | .. | 7,547 | 35,818 | 2,882 | 32,936 |
| 1952 | .. | .. | .. | 8,577 | 38,486 | 3,014 | 35,472 |
| 1953 | .. | .. | .. | 9,157 | 38,329 | 2,173 | 36,156 |
| 1954 | .. | .. | .. | 9,186 | 40,187 | 1,716 | 38,471 |

The number of blind persons under training or employed in the workshops at the 31st December, 1954 is shown in the table below :—

| Area | | | | Administration and miscellaneous | Men's Department | | | | Women's Department | Total |
|---------------------------|----|----|----|--|------------------|------|-------|-----|-----------------------|-------|
| | | | | | Basket | Boot | Brush | Mat | | |
| Sheffield— | | | | | | | | | | |
| Workers | .. | .. | .. | 2 | 10 | 9 | 15 | 9 | 14 | 59 |
| Trainees | .. | .. | .. | — | — | — | — | 1 | 1 | 2 |
| Rotherham— | | | | | | | | | | |
| Workers | .. | .. | .. | — | 2 | — | 4 | 1 | 2 | 9 |
| Trainees | .. | .. | .. | — | — | — | — | — | — | — |
| West Riding of Yorkshire— | | | | | | | | | | |
| Workers | .. | .. | .. | — | 2 | — | 2 | 1 | — | 5 |
| Trainees | .. | .. | .. | — | — | — | — | — | — | — |
| Derbyshire— | | | | | | | | | | |
| Workers | .. | .. | .. | 1 | 1 | — | 1 | — | 1 | 4 |
| Trainees | .. | .. | .. | — | — | — | — | — | — | — |
| All Areas— | | | | | | | | | | |
| Workers | .. | .. | .. | 3 | 15 | 9 | 22 | 11 | 17 | 77 |
| Trainees | .. | .. | .. | — | — | — | — | 1 | 1 | 2 |

The following table summarises the unemployment position in the period since the War to 31st March, 1955. It will be noted that the problem has lessened latterly. It has, however, been necessary for the employment position to be kept constantly under review.

| PERIOD | | | WORKERS' DAYS LOST BY REASON OF UNEMPLOYMENT. | | | | | |
|----------------------|----|----|---|--------|-----|------|---------|-------|
| 6 months ended: | | | Brush | Basket | Mat | Boot | Women's | Total |
| 31st March, 1950 | .. | .. | 50 | — | 60 | — | — | 110 |
| 30th September, 1950 | .. | | 40 | — | 150 | — | — | 190 |
| 31st March, 1951 | .. | .. | — | — | 5 | — | — | 5 |
| 30th September, 1951 | .. | | — | — | 257 | — | — | 257 |
| 31st March, 1952 | .. | .. | — | — | — | — | 245 | 245 |
| 28th September, 1952 | .. | | — | 117 | — | — | 355 | 472 |
| 29th March, 1953 | .. | .. | — | 462 | — | 100 | 75 | 637 |
| 27th September, 1953 | .. | | 25 | 115 | — | 116 | — | 256 |
| 28th March, 1954 | .. | .. | 50 | — | — | 20 | — | 70 |
| 3rd October, 1954 | .. | .. | — | — | — | — | 185 | 185 |
| 27th March, 1955 | .. | .. | — | — | — | — | — | — |
| TOTALS | .. | | 165 | 694 | 472 | 236 | 860 | 2,427 |

(It should be noted that unemployment in the Women's Department affected married women only).

The employment position and also the sales were the most satisfactory for some years. Trade in the Brush department was especially good and to assist the bass dressing a new power guillotine has been installed.

One again there were many visitors to see the work of the Department. These included two Nigerian students studying the Public Health Services and a party of students from the Pre-Nursing Education Centre in Sheffield.

There were also visits to the workshops by parties from numerous local organisations, and the Superintendent gave an account of the work of the Department at meetings of a number of local bodies.

The evening woodwork class for men, which was first started in the winter 1950–51 by arrangement with the Education Department, was successfully continued during the winters 1953–54 and 1954–55 and in the Summer of 1954.

The department had a stand at the Sheffield Ideal Homes Exhibition in February, 1954, and in all some 18,000 to 19,000 leaflets and price lists were distributed during the period of the exhibition.

There has also been an amendment in the lease of the saleshop and it will now be possible to sell goods made by other disabled persons than the blind.

The revised scheme of payments to blind workshop employees, which was operated from Monday, 29th October, 1951 (payments being back-dated to Monday, 28th August, 1951), has been amended as necessary.

At 31st December, 1954 the scheme was as follows :—

- (1) That the standard payment rate for blind male workshop employees be £6 15s. 2d. and that the rate for females be 75 per cent. of this rate, viz. :—£5 1s. 4½d. per week ; these rates to be used for sickness and holiday payments.
- (2) That the standard 5 day working week be—males 40 hours and females 35 hours.
- (3) That with regard to the qualifying earnings figures which are based on the appropriate piece-work-basis time rates for each trade, it will be appreciated that these are subject to revision from time to time as required.
- (4) That there be a standard augmentation rate for each group of workers provided the workers reach the qualifying earnings figure as set out in the following scale :—

| | Qualifying Earnings £ s. d. | Augmentation £ s. d. | Total Payments £ s. d. |
|--|-----------------------------------|-------------------------|------------------------------|
| MALES | | | |
| Brush pan hands | 2 10 0 | 4 5 2 | 6 15 2 |
| Brush drawn hands | 1 19 4 | 4 15 10 | 6 15 2 |
| Basket Department | 2 6 5 | 4 8 9 | 6 15 2 |
| Mat Department | 2 13 3 | 4 1 11 | 6 15 2 |
| Boot Department | 2 3 4 | 4 11 10 | 6 15 2 |
| FEMALES | | | |
| Caning and Seagrass Seating workers | 1 4 6 | 3 16 10½ | 5 1 4½ |
| Flat machine | 1 7 11 | 3 13 5½ | 5 1 4½ |
| Round machine (also weaving, netting and light basket work) | 0 16 7 | 4 4 9½ | 5 1 4½ |

Those who receive the above payments will be regarded as qualified workers.

- (5) That workers' earnings be reviewed at six-monthly intervals ; special reports to be presented in respect of those operatives who do not qualify in accordance with the foregoing scheme. The Disabled Persons Welfare Sub-Committee can deal with these cases on their merits.

(B) IN APPROVED HOME WORKERS SCHEMES.

At 31st December, 1954, there were three approved home workers and these were employed as under :—

| | |
|-----------------------|----|
| Music Teacher | 1 |
| Piano Tuners | 2 |
| | — |
| | 3 |
| | == |

(C) IN OPEN INDUSTRY AND ELSEWHERE.

At 31st December, 1954, 50 blind people were employed outside the local blind workshops. The following table shows the distribution of all employed blind persons from 1936 :—

| Year at March 31st | (a) Blind Workshops | (b) Home Workers | (c) Employed elsewhere | Total |
|--------------------------|---------------------------|------------------------|------------------------------|-------|
| 1936 | 92 | 2 | 22 | 116 |
| 1937 | 84 | 2 | 17 | 103 |
| 1938 | 78 | 4 | 22 | 104 |
| 1939 | 79 | 4 | 20 | 103 |
| 1940 | 76 | 5 | 17 | 98 |
| 1941 | 77 | 6 | 15 | 98 |
| 1942 | 79 | 5 | 17 | 101 |
| 1943 | 73 | 5 | 34 | 112 |
| 1944 | 77 | 5 | 33 | 115 |
| 1945 | 75 | 5 | 34 | 114 |
| 1946 | 80 | 6 | 35 | 121 |
| 1947 | 77 | 6 | 43 | 126 |
| 1948 | 80 | 6 | 40 | 126 |
| 1949 | 76 | 5 | 39 | 120 |
| 1950 | 66 | 3 | 46 | 115 |
| 1951 | 64 | 3 | 47 | 114 |
| 1952 | 62 | 3 | 49 | 114 |
| Year at December 31st | | | | |
| 1952 | 60 | 3 | 51 | 114 |
| 1953 | 58 | 3 | 44 | 105 |
| 1954 | 59 | 3 | 47 | 109 |

OTHER WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS VISITATION AND LESSONS.

The following table gives details of the visits paid and lessons given by the home teaching staff of the Department during the period :—

| | BLIND PERSONS | | PARTIALLY SIGHTED PERSONS | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| | Jan. 1st to Dec. 31st, 1953 | Jan. 1st to Dec. 31st, 1954 | Jan. 1st to Dec. 31st, 1953 | Jan 1st to Dec. 31st, 1954 |
| Visits paid for special reasons | 1,117 | 1,151 | 127 | 95 |
| Visits of routine character .. | 3,805 | 4,199 | 258 | 317 |
| Individual lessons given .. | 811 | 719 | 20 | 12 |
| Social services rendered .. | 295 | 289 | 16 | 9 |
| TOTALS | <u>6,028</u> | <u>6,358</u> | <u>421</u> | <u>433</u> |

In addition to the above, 40 visits were paid to hospitals where 727 blind persons were seen in the year ended 31st December, 1954.

EMBOSSSED LITERATURE.

The Committee has continued its grant to the National Library for the Blind. This service continues to be very popular.

Details of book issues :—

| | April 1st, 1953 to March 31st, 1954 | April 1st, 1954 to March 31st, 1955 |
|---|---|---|
| Volumes issued direct by the National Library | 5,633 | 6,184 |
| Volumes issued from Sharrow | 526 | 571 |
| TOTALS | <u>6,159</u> | <u>6,755</u> |

HANDICRAFT CLASSES.

These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 90 classes in the period of review, the average attendances for men being 27 and for women 25.

The special fortnightly classes for the deaf-blind were again very much appreciated, transport arrangements being made to convey the members to and from the workshops by car. There were 21 classes, and the average attendance was 16.

The Saturday morning Woodwork Handicraft Class, under Mr. A. L. Robinson, was also continued and the average attendance was six.

DISTRICT SOCIAL CENTRES.

(a) *Broomhill.*

The first centre, which was opened in April, 1949, continued to make very satisfactory progress during the period. 21 fortnightly meetings were held in the Broomhill Welfare Centre, Taptonville Road, and the average attendance was 13.

(b) *Firth Park.*

The second centre was opened in January, 1952, at the Firth Park Welfare Centre. 24 fortnightly meetings were held during the year and there was an average attendance of 30.

(c) *Manor.*

A third Centre was opened on January 5th, 1954, and this is held at the Manor Welfare Centre, Ridgeway Road. 25 fortnightly meetings were held and there was an average attendance of 25.

(d) *Sharrow.*

A fourth Centre was opened on May 5th, 1954. This is held in the Concert Hall at Sharrow Lane. 15 meetings were held and there was an average attendance of 18.

WIRELESS SETS.

The Department has employed a full-time wireless mechanic since February, 1947, to service the sets received from the British Wireless for the Blind Fund. 415 of these sets were in service at the 31st December, 1954. Maintenance was also carried out on 141 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale ; those in full-time employment pay full cost. During the period under review, 84 sets were returned to the Department owing to deaths or receiver defects. 38 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below :—

| | April 1st, 1953 to December 31st, 1953 | January 1st, 1954 to December 31st, 1954 |
|---|--|--|
| Service visits paid | 461 | 591 |
| Repairs carried out at the Workshops . . | 81 | 79 |
| Sets issued to blind persons for first time . . | 45 | 63 |
| Sets issued for replacement purposes . . | 32 | 36 |

BATH TICKETS.

The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Sub-Committee jointly continued to meet the cost to enable blind people to have free baths.

PROVISION OF ENTERTAINMENT.

As in previous years, concerts were held monthly in the hall at Sharrow Lane, and thanks and appreciation were tendered to the following who arranged concerts :—

Balfour's Orchestra.
 Beauchief Singers (Miss E. Mann).
 Mr. H. Carnall and his Junior Choir.
 Mr. C. J. Fowkes and Party.
 The Hamilton Octet.
 The Jack Hayton Road Show.
 Joysters Concert Party (twice).
 Laughtermakers' Concert Party.
 Laycocks' Operatic Society.
 Sheffield Grand Opera Company.
 Southey Methodist Church Choir (twice).

In addition to the above a concert was given by the Variety section of the Shiregreen and District Community Association at the Firth Park District Social Centre.

Complimentary tickets, from societies holding concerts, etc., were also received on many occasions, for distribution to blind people. The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1954-55 for all first and reserve team matches at Hillsborough. Sheffield United Football Club also kindly allocated six free stand tickets for use at Bramall Lane during the same period. Mr. I. Stewart kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

RECREATION CLUB.

The Chess Club had a good season in 1953-54. The first team finished at the top of Division I and the second team finished third in Division 3.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The above Committee, which was formed in January, 1948, co-ordinating the welfare work now being done by the Royal Sheffield Institution for the Blind and this Department, continued its activities. The regular features which had proved popular in the past were continued and there was the usual joint seaside outing. The destination in June, 1954, was Bridlington.

WELFARE SERVICES FOR HANDICAPPED PERSONS OTHER THAN THE BLIND OR PARTIALLY SIGHTED

NATIONAL ASSISTANCE ACT, 1948.

(Sections 29 and 30)

By JEAN B. PARKER, M.B., Ch.B.,
(Senior Assistant Medical Officer).

"We then that are strong ought to bear the infirmities of the weak."—Romans, 15, 1.

Steady progress has been made with regard to the provision of welfare services for (a) deaf or dumb persons including the hard of hearing and (b) other persons substantially and permanently handicapped by illness, injury or congenital deformity, as outlined in the Ministry of Health Circular 32/51.

The obligations of the local authority under the scheme are as follows :—

- (a) Compiling and maintaining registers of handicapped persons ;
- (b) Provision of information regarding services available for handicapped persons ;
- (c) Provision of instruction in their own homes or elsewhere in methods of overcoming their disabilities ;
- (d) Provision of work or facilities for work and the disposal of the produce of their work ;
- (e) Provision of recreational facilities.

Notifications of handicapped persons for registration by the department continue to be received from a variety of sources, e.g., National Assistance Board, Care and After-Care Service, General Practitioners, Almoners, Ministry of Labour, personal application, etc. Health Visitors call on the patients in order to explain the scheme to them and report regarding any special requirements, the degree of disability, home conditions, etc. It should be appreciated that the assistance required by handicapped persons varies widely and depends upon the individual, the nature of the disability and the extent of adjustment to it. Although the information gained as a result of these visits suggests that the principal need is for some means of occupying the patients' time, the problem is seldom a simple one of finding work or recreation. It is often found that the patient and his family need assistance from one or more of the welfare services provided by the various statutory and voluntary bodies, e.g., a period of convalescence for a wife in order to afford her relief from the constant care of an invalid husband ; the provision of a wheel chair, nursing appliances, home help etc. ; friendly visiting ; the specialist services of one kind or another, and the continued friendly supervision of the Health Visitor is necessary so that his various needs can, from time to time, be brought to the notice of the proper authority. It will, therefore, be seen that the services under these schemes are complementary to all the other welfare services.

However, there are many agencies dealing with the various needs of the disabled and it is essential that their efforts be properly co-ordinated so as to avoid overlapping and the consequent frustration and excessive expenditure. It is felt that the local authority, by virtue of its very wide powers with regard to the prevention of illness, the care of the sick and disabled in their own homes and the provision of general welfare services including sheltered and home employment or occupation, is best qualified to undertake this responsibility. In addition, the local authority has a first-class knowledge of the local hospital and medical services, trade conditions, geography, public services (e.g. transport), voluntary organisations, etc. It is pleasing to report that general practitioners, almoners, voluntary bodies etc., are seeking the advice of the department regarding the welfare of disabled people on an increasing scale. So far as the local authority itself is concerned, there must be the closest co-operation between the committees and officers responsible for welfare services under Section 29 of the National Assistance Act, 1948, and those responsible for local health services under Part III of the National Health Service Act, 1946, so that the needs of handicapped persons are envisaged and dealt with as a whole. We must try to cover the lives of the disabled in every way, not as a "prop" only but more as a foundation upon which they can build or rebuild their lives. In Sheffield, the Home Nursing Service and the Care and After-Care Service, which have already established a close liaison with all the other welfare services, both statutory and voluntary, and are widely known, are administered by the staff responsible for the services provided under this heading, thus facilitating proper co-ordination in the whole field of welfare generally.

Welfare work, varying in scope and resources, has been carried out for many years by a number of voluntary associations in the City. The experience of those associations is of great value, and a liaison has been effected with those organisations dealing with the welfare of handicapped persons of all classes. Members of the staff of the Public Health Department serve on the committees of some of these voluntary bodies while other organisations seek advice as necessary. It is thought that the voluntary workers can be of most value paying friendly visits to handicapped persons with a view to affording them comfort, encouragement and assistance in the solution of domestic and other problems confronting them, and accompanying them to places of worship, social centres, clubs and similar places of recreation. They can also deal with the more personal forms of assistance, such as letter writing, reading, shopping and bringing books from the library.

Registration.—Registers of Handicapped Persons were opened in July, 1952, and information for the purpose of registration has been sought in co-operation and consultation with many statutory and voluntary bodies in the City. It should be emphasised that registration is completely voluntary. In Sheffield, the records are being kept in the form of a card index embodying the Hollerith "punched card" system, and this has proved of great assistance in the speedy collection of information that is required from time to time.

(a) **Register of Handicapped Persons (General Classes).**

| | | | | | |
|--|-----|-----|-----|-----|-----|
| Number of Persons on Register (General Classes) at 1st January, 1954 | ... | ... | ... | ... | 468 |
| Number of new cases registered during 1954 | ... | ... | ... | ... | 124 |
| Number of cases removed from the register during 1954 (all died) | ... | ... | ... | ... | 4 |
| Number of persons on Register (General Classes) at 31st December, 1954 | ... | ... | ... | ... | 588 |

The disabilities of the 588 persons on the Register may be classified as follows :—

| | |
|--|-----|
| Amputation—one arm (including partial) | 1 |
| Amputation—one leg (including partial) | 12 |
| Amputation—both legs (including partial) | 5 |
| Arthritis and muscular rheumatism (including fibrositis) | 45 |
| Congenital malformation and deformities of the skeleton | 23 |
| Diseases of the digestive system—gastric, duodenal and anastomatic ulcers ; hernia, adhesions, diseases of intestines, rectum, liver, pancreas, colitis, rectal prolapse | 10 |
| Diseases of the genito-urinary system—nephritis, pyelitis, cystitis, incontinence | 4 |
| Diseases of the heart or circulatory system | 36 |
| Pneumoconiosis (including silicosis) | 2 |
| Asthma, chronic bronchitis, bronchiectasis, emphysema | 31 |
| Diseases of the skin | 1 |
| Eye defects other than blindness | 1 |
| Injuries of the head, face, neck, thorax, abdomen, pelvis, trunk | 2 |
| Injuries and diseases (except tuberculosis) of lower limb, upper leg, knee, ankle, foot ; loss of joint function (ankylosis) | 7 |
| Injuries and diseases (except tuberculosis) of upper limb, shoulder, upper arm, elbow, wrist, hand ; loss of joint function (ankylosis) | 3 |
| Injuries and diseases (except tuberculosis) of spine—curvature, spondylitis | 15 |
| Psychoses, psychoneurosis | 24 |
| Epilepsy | 34 |
| Other organic nervous diseases—disseminated sclerosis, paraplegia, etc. | 107 |
| Mental deficiency | 123 |
| Tuberculosis (respiratory) | 12 |
| Tuberculosis of spine, bones, joints | 16 |
| Poliomyelitis | 45 |
| Encephalitis | 10 |
| Pernicious Anæmia | 5 |
| Meningitis | 1 |
| Muscular Dystrophy | 6 |
| Diabetes | 6 |
| Hæmophilia | 1 |
| TOTAL | 588 |

This classification of disabilities follows closely that adopted by the Ministry of Labour.

The above cases have been notified by the following :—

| | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Hospital Almoners | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 37 | |
| National Assistance Board | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 237 | |
| Care and After-Care Service, Health Visitors, Home Nurses, etc. | | | | | | | | ... | ... | ... | ... | ... | 210 | |
| Ministry of Labour | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 14 | |
| Voluntary organisations and social workers | | | | ... | ... | ... | ... | ... | ... | ... | ... | ... | 16 | |
| Personal applications | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 16 | |
| Social Care Department | | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | |
| School Health Service | | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4 | |
| Youth Employment Bureau | | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 | |
| General Practitioners | | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 49 | |
| TOTAL | | | | | | | | | | | | ... | ... | 588 |

Age-Groups (General Classes).

| | 0—5 years | 6—15 years | 16—20 years | 21—30 years | 31—40 years | 41—50 years | 51—60 years | 61—70 years | 71—80 years | 81+ years | Total |
|----------------|--------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|-------|
| Males | 6 | 9 | 35 | 40 | 68 | 59 | 61 | 31 | 5 | — | 314 |
| Females | 13 | 16 | 29 | 38 | 50 | 62 | 30 | 19 | 17 | — | 274 |
| TOTALS | 19 | 25 | 64 | 78 | 118 | 121 | 91 | 50 | 22 | — | 588 |

(b) Register of Handicapped Persons (Deaf).

The Sheffield Association in Aid of the Adult Deaf and Dumb have kindly provided particulars of persons notified to them and arrangements have been made for the required information to be entered in the Local Authority's Register of Deaf Persons. At 31st December, 1954, there were 335 persons—181 males and 154 females—on this Register. The following are details regarding these deaf people :—

Degree and cause of disability and classification of speech.

| | | |
|----------------------------------|--|-----|
| (i) Degree of Deafness : | (a) Total | 283 |
| | (b) Severe | 46 |
| | (c) Slight | 6 |
| (ii) Cause of Deafness : | (a) Congenital | 196 |
| | (b) Acquired | 139 |
| (iii) Classification of Speech : | (a) Normal speech | 44 |
| | (b) Indistinct but intelligible | 137 |
| | (c) Unintelligible | 154 |

Age-Groups (Deaf).

| | 0—5 years | 6—15 years | 16—20 years | 21—30 years | 31—40 years | 41—50 years | 51—60 years | 61—70 years | 71—80 years | 81+ years | Total |
|----------------|--------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|-------|
| Males | 3 | — | 15 | 32 | 38 | 36 | 35 | 13 | 8 | 1 | 181 |
| Females | — | — | 12 | 38 | 30 | 24 | 19 | 22 | 8 | 1 | 154 |
| TOTALS | 3 | — | 27 | 70 | 68 | 60 | 54 | 35 | 16 | 2 | 335 |

(c) Register of Handicapped Persons (Hard of Hearing).

At the end of the year there were 92 persons—38 males and 54 females—on the Register of the Hard of Hearing. Particulars regarding these people are as follows :—

Degree and cause of disability and classification of speech.

| | | |
|----------------------------------|--|----|
| (i) Degree of Deafness : | (a) Total | 22 |
| | (b) Severe | 46 |
| | (c) Moderate | 16 |
| | (d) Slight | 8 |
| (ii) Cause of Deafness : | (a) Congenital | 6 |
| | (b) Acquired | 86 |
| (iii) Classification of Speech : | (a) Normal speech | 90 |
| | (b) Indistinct but intelligible | 1 |
| | (c) Unintelligible | 1 |

Age-Groups (Hard of Hearing).

| | 0—5 years | 6—15 years | 16—20 years | 21—30 years | 31—40 years | 41—50 years | 51—60 years | 61—70 years | 71—80 years | 81+ years | Total |
|----------------|--------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|-------|
| Males | — | — | 2 | 9 | 7 | 4 | 4 | 6 | 4 | 2 | 38 |
| Females | — | — | 1 | 3 | 3 | 7 | 10 | 11 | 15 | 4 | 54 |
| TOTALS | — | — | 3 | 12 | 10 | 11 | 14 | 17 | 19 | 6 | 92 |

The Act does not define the term “ deaf or dumb ”, but it is stated in Circular 32/51 that the persons to whom the scheme applies can conveniently be divided into two groups :—

- (a) *The Deaf*—often described as the “ deaf and dumb ”. This class includes persons who were born deaf and also persons who lost their hearing so early in life that they have little or no recollection of sound and have had to be educated in the same way as those who were born deaf. Few succeed in acquiring the use of normal speech. The great majority use only manual sign language or a combination of signs and restricted speech, in which the power of self-expression is limited and in any case varies considerably with the individual. Many are unable to read fluently and can do no more than gather the general substance of simple printed matter.
- (b) *The Hard of Hearing*—are those who have lost their hearing wholly or in part after acquiring ordinary speech and after being educated as hearing persons.

It will be seen that certain **totally** deaf persons who have speech will be placed on the Register of the Hard of Hearing and not on the Register of the Deaf.

Information Services.—The compiling of the registers is a slow process and people will not register unless there is some benefit from doing so. Therefore, steps are being taken to make handicapped persons aware of the welfare services provided for them and to suggest to them the desirability of taking advantage of those services. For this purpose, information bureaux will be located in the Public Health Department (Care and After-Care Service) ; the food shops situated in the Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres : the Civic Information Bureau and the Welfare of the Blind Workshops and Salesshop. Persons whose vocations bring them into contact with disabled persons, such as hospital almoners and officers of the National Assistance Board, the Ministry of Labour and the Ministry of Pensions, have been asked to assist in this direction, and information is being received regarding patients wishing to take advantage of the facilities either available at the present time or to be provided in the future. Arrangements will also be made for the production of pamphlets giving information regarding the services available to the various groups of handicapped persons.

Welfare Officers.—The general routine work is being undertaken by the Health Visitors. They are visiting the handicapped persons, calling in the specialised workers such as the psychiatric social worker, or statutory or other welfare services, where necessary. The Health Visitor is concerned with the welfare not only of the patient but of the whole family unit, and she should be regarded as the basic worker dealing with the social problems of the family, calling in other specialist visitors only where the more specialised problems have to be overcome.

The general day to day problems of the family are, where necessary, reported to the Care and After-Care Service, which acts as the focal point for advice and assistance and as contact with the other social services. Thus overlapping and the subsequent wasted time is avoided, and the co-ordination of the various services effected.

Aged Persons.—Any consideration of the disabled automatically brings in the aged. However, it should be appreciated that, apart from financial assistance (e.g. retirement pensions, etc.), the law makes little provision for age, the emphasis, so far as statutory welfare services are concerned, being on infirmity or disability. For example, the services provided under the National Health Service Act, 1946 and the National Assistance Act, 1948 are not related to the aged as a class—the aged benefit only because of the predominance of disabilities among old people and in as far as the general services for the sick as a whole are expanded and improved. Voluntary agencies are not so restricted and, in fact, they have pioneered many valuable services for the aged, e.g. meals on wheels, social and recreational clubs, friendly visiting, etc. These voluntary services require financial backing and people with time to spare for such activities, and both are becoming increasingly difficult to find. Under the National Assistance Act, 1948 (Section 31), local authorities may make contributions to the funds of any voluntary organisation whose activities consist in, or include the provision of, recreation or meals for old people, but it is obvious that a Service for all the persons in need will be beyond the resources of a voluntary organisation ; such services of universal application must be given by a statutory body.

The welfare needs of people over 60 years of age have never been accurately assessed, neither has the extent to which the aged use the welfare services. The reasons for this are twofold :—

- (i) There are many old people who are quite able to lead normal lives, requiring little assistance apart from finance. Often, they are of a very independent nature and are largely unknown to welfare authorities.
- (ii) On the other hand, there is a multiplicity of organisations dealing with the aged and one person may be in receipt of assistance from a variety of sources.

In an attempt to gain a more accurate assessment of the welfare and other needs of the aged in the city, visits have been made to many of the Old People's Clubs in order to discuss the general problems of the members. Unfortunately, these visits did not bring the desired results because, as previously stated, many old people never join such activities and the members are usually fit and well. Furthermore, although these visits were not entirely fruitless, no continuity of contact was established because :—

- (1) Large groups met in crowded conditions and the members did not care to discuss their personal affairs within earshot of neighbours. They could not be persuaded to visit the Public Health Department.
- (2) Talks to the groups often led to confusion, which in some cases was due to deafness, lack of attention or the idea that this did not apply to them.
- (3) The voluntary societies and leaders of the clubs were friendly and helpful but it was found difficult to arouse the interest of the old people in our efforts to recruit members for handicraft classes.

An approach was made to the National Assistance Board with a view to gaining useful information regarding the aged but again this was not successful.

The Ministry of Labour have been very co-operative but it will be appreciated that notifications from this source are limited in the case of aged persons.

Extension of the welfare services for the aged can be made if the already existing services of the Local Authority are first co-ordinated. It is known that there are people who get all the help available, whilst there are others who get the minimum or none at all. Co-ordination requires that notifications and requests for any service be made to one person—preferably the Medical Officer of Health. From these requests, a register of aged, their condition and needs, and other facts relevant to ageing, could be compiled. This would allow details to be collated such as the service required, the length of time the service is needed, the department needed, the type of supervision required, where necessary, when the need terminated, the reasons for termination, etc. One responsible officer would ensure contact with relatives, doctors, hospital consultants throughout the service. Overlapping of services would be prevented, and reference to one register would reveal the different services required by one aged person at any given time. Personal contact with the doctors and consultants would allow for interchange of medical details of illness, which should be valuable in relation to methods of nursing, equipment to be issued and prognosis in relation to length of service of nursing and home help ; it should lead to knowledge of prevalent diseases and possible prevention or amelioration. It could have an effect on the economies of the service. The number of requests could be correlated to areas, indicating whether needs are greater in one area than in another or whether there was an equalisation of demand all over the city. In other words, a co-ordinated service would be economical and would allow research to be made into future needs.

Various voluntary and charitable bodies have been asked to give information regarding old people who are in difficulties because of the frailties of old age. The response to this request has been very enthusiastic and the Health Visitors have carried out 1,391 visits to old people during the year under report.

Convalescence facilities which are provided under Section 28 of the National Health Service Act, 1946 (see page 149), can be of particular value in assisting the recovery of the aged sick and can also be of assistance in preventing illness where the old person is “ run down ”, needs regular meals, relief of loneliness and a change of surroundings.

On 22nd October, 1954, representatives of the Ministry of Health visited Sheffield in order to discuss the arrangements in the city for the care of the chronic sick and elderly. The information required by the Ministry was collated and was as follows at that time :—

(a) *Domestic Help.* Staff: 104 Full-time : 96 Part-time.

Although the number of staff has been increased there is still not sufficient help available for either the chronic sick or the elderly infirm. There are not a great number of chronic sick patients in receipt of assistance—32 at that time—and, generally speaking, consisting of those suffering from tuberculosis, cardiac diseases and diseases of the central nervous system. However, there are quite a number of the elderly infirm who could be classified as chronic sick but who are placed in the former group by virtue of being over 60 years of age.

The following is an analysis of domestic help supplied during a typical week :—

| <i>Elderly Infirm and Chronic Sick Patients.</i> | | | | | | | <i>Total</i> |
|--|----|----|----|----|----|----|--------------|
| One half-day | .. | .. | .. | .. | .. | .. | 209 |
| Two half-days | .. | .. | .. | .. | .. | .. | 62 |
| One full day | .. | .. | .. | .. | .. | .. | 471 |
| Between 5 and 7 hours | .. | .. | .. | .. | .. | .. | 80 |
| Three half-days | .. | .. | .. | .. | .. | .. | 6 |
| Two full-days or more | .. | .. | .. | .. | .. | .. | 4 |
| Full-time | .. | .. | .. | .. | .. | .. | 1 |
| | | | | | | | 833 |
| <i>Tuberculosis Patients</i> | .. | .. | .. | .. | .. | .. | 7 |
| <i>Emergency Cases.</i> | | | | | | | |
| Part-time | .. | .. | .. | .. | .. | .. | 10 |
| Full-time | .. | .. | .. | .. | .. | .. | 1 |
| | | | | | | | 11 |
| <i>Maternity Cases</i> | .. | .. | .. | .. | .. | .. | 10 |
| | | | | | | | 861 |

It is the weight of need of the elderly infirm that is causing the strain on the service. The great majority of the chronic sick and elderly infirm need help for an unlimited period but the service provided is limited owing to the magnitude of the demand in comparison with the number of Domestic Helps available. For example, over 400 elderly infirm have help only once every fortnight. The amount of help required is assessed by the Health Visitor who takes into account the assistance that can be given by the family. The demand from maternity cases affects the availability of domestic help for the elderly infirm.

It is considered that the causes of the heavy requirements of elderly infirm patients are as follows :—

- (i) Limited hospital accommodation for the elderly. The increase in the hospital waiting lists during the winter months creates a heavy demand for the service. Dr. Milne, medical consultant at Fir Vale Infirmary, is very co-operative but the waiting list, especially for women patients, is long, and particularly so when sickness is commoner in the family and among the home helps.
- (ii) Shortage of Part III accommodation for temporary cases.

However, domestic help is provided as far as possible to all cases requiring it, even though the amount of assistance is limited by the factors previously mentioned.

(b) *Home Nursing.* Staff : 35 Full-time ; 41 Part-time.

Staff is adequate and recruitment not a great problem as part-time help is not too difficult to obtain owing to the convenience of the hours of duty, especially for married women. However, it is becoming increasingly difficult to employ resident full-time staff because the nurses prefer to have their evenings free.

The elderly person, living alone, creates the greatest demand for the services of a home nurse. These cases are often independent by nature, prefer their own homes, and refuse to go into hospital. This particularly applies to elderly women during the winter months ; older men are often more amenable. Many have a dread of death in hospital and a natural desire to remain in their own surroundings.

Lack of linen and clothing possessed by elderly patients sometimes creates problems in home nursing. Many old people do not claim benefits to which they are entitled. Again, pride or "independence" is the reason for this and often they cannot be persuaded to claim. A poor standard of nutrition is sometimes found for the same reasons or, if money is available, the old person is apathetic towards preparing satisfactory meals. This becomes a vicious circle as lack of nutrition leads to lack of energy which in turn leads to a further fall in nutrition and so on.

Consideration has been given to the employment of non professional workers, who would assist the nurse and work under her supervision in such matters as bed-bathing. Some of the relatives could and would undertake this work if they had received some instruction and guidance. The bath attendant at the disinfecting station does visit cases referred by the health visitor for the purpose of bathing.

The hilly nature of the city makes the work of a district nurse more arduous—carrying a heavy bag around some of the districts of Sheffield can be very tiring.

(c) *Health Visiting.*

- (i) *Chronic sick.* Routine visits are paid to notified cases of tuberculosis. The Health Visitor calls every three to six months and also makes special visits when necessary.
- (ii) *Elderly Infirm.* Routine visits are paid to both chronic sick patients and the elderly infirm whenever the Health Visitor thinks this is necessary. These visits are made at monthly intervals but more frequently when required.

The Health Visitors carry out approximately 200 visits per month to the chronic sick and elderly infirm. Cases are notified from a variety of sources, e.g. general practitioner, relatives, friends and neighbours, local health services and, to a lesser degree, voluntary organisations.

Waiting List Revision.

The Health Visitors have access to the hospital waiting lists. They recommend cases of hardship for priority admission to hospital and, as previously mentioned, Dr. Milne is most co-operative. General practitioners often contact the department for the Health Visitor's assistance in this matter.

Prospecting the field of need not reflected in the waiting lists.

As stated above, requests for assistance are received from a variety of sources. If the case is one of hardship and the general practitioner is not attending, he is notified and, if he feels that admission to hospital is desirable, he is asked to get the patient's name on the waiting list. The Health Visitor will then try to obtain priority admission if, after due enquiry, it is considered necessary. The demand is seasonal, being very heavy in winter.

There is a shortage of Health Visitors and the districts are large for the satisfactory supervision of the inhabitants. The case load of a single Health Visitor ranges from 800 to 2,000 and the former figure is probably adequate if there are many old people on the list.

(d) *Other Services.*

The Health Visitors contact the W.V.S. for such things as gifts of clothing, furniture oddments, etc., to necessitous cases. The Council of Social Service arrange for a certain amount of friendly visiting. The St. John Ambulance Brigade help the home nurses with the lifting and moving of certain patients. Certain voluntary organisations act as agents of the Council with regard to the loaning of nursing requisites to persons being nursed or confined at home. Meals on Wheels are supplied in one area of the City, on a very limited scale, by the W.V.S.

There is no organised Night-Sitters-In Service in the City. In emergency, certain home helps have provided this service. The home helps concerned are volunteers and last year ten offered their services. Where there were relatives, the service was provided on alternate weeks but where the patient lived entirely alone, the service was given for almost 24 hours per day. A full 24 hours service could not, of course, be given without a shift system being put into operation.

So far as laundry is concerned, the Home Helps do as much as possible but they cannot be expected to do a wash every day of the week. Where the Home Help is not doing the laundry, the National Assistance Board are asked to give grants. This is a very desirable service and an attempt was made some time ago to arrange for the Home Helps to use the Corporation Wash-houses on Saturday mornings, but there were difficulties in promoting the scheme.

There are no special clinics but, if these were available, they might be of value in investigating and preventing disabilities of the aged.

Social Centres and Activities.—An important feature of these welfare schemes is the establishment of social clubs for the handicapped. These are of great value in providing contacts among both handicapped and normal persons, widening their interests and bringing the disabled to be more active members of the community. Many handicapped persons find it difficult to emerge from home isolation, either by virtue of immobility or sensitivity in facing new people and surroundings. The first step towards the rehabilitation of this type is a social club where confidence can be gained or regained to overcome disability. Such a club for the aged and disabled persons is established at the Firth Park Maternity and Child Welfare Centre. This club opens once per week and is administered in conjunction with the Sheffield Council of Social Service, and members of the Shiregreen and District Community Association are acting as voluntary workers in the club. This venture has proved particularly successful. The members of the club are encouraged to take an active part in its management and a committee has been elected from the members to deal with internal and local affairs. There is a capacity membership of 160 and the voluntary workers report any problems that the members may have direct to the Care and After-Care Service. The average weekly attendance at the club is 120. Dr. Parker and the Superintendent of the Welfare Centre make frequent visits to the club in order to discuss the general problems of the members. These visits have been greatly appreciated and much valuable information regarding the needs of the members has been obtained.

There are facilities for games, concerts and handicrafts at the club, and refreshments are provided by the Community Association at a charge of 5d. per person. Outings to the sea and countryside, visits to the theatre, and special parties and entertainments to celebrate such occasions as golden weddings and at Christmas have been arranged. In May, a party of 66 members spent a very enjoyable week's holiday at Torquay at reduced rates both with regard to travel and hotel accommodation.

A sick visiting scheme has been established whereby any member of the club who is absent by reason of illness for two or more weeks receives a visit from a fellow member, who takes flowers or other suitable gift. These are purchased out of a sick fund to which each member of the club contributes 1d. per week. There is a panel of 40 volunteers who undertake this work. The friendly visits continue throughout the period of sickness and are greatly appreciated.

Facilities are provided for handicrafts at the club and sales of work are arranged. The profits of the sales are "farmed back" into the club funds enabling considerable help to be given to the members towards defraying expenses in connection with outings, theatre parties, etc., and the replacement of materials.

A chiropodist makes fortnightly attendances at the club at a charge of 1/- per patient per half hour session. A rota has been formed and the members are able to have treatment once every six weeks.

In addition to this club, Handicrafts Classes have been opened at various centres in the city, and although their primary function is the provision of occupational facilities, they also act as social centres in that they provide handicapped persons, especially those who are otherwise homebound and have to be transported to the classes, with means of meeting people outside their home environment. This aspect of the classes is felt to be particularly valuable in the breaking down of social barriers which all too often grow, or are erected around, many of the more seriously disabled people.

During the week before Christmas, the members of the Handicrafts Classes, accompanied by their husbands, wives or other companion, were entertained at a party held at the Welfare of the Blind Department. The party began with a meal which was followed by a concert, films and dancing. The concert included a programme of dancing by girl members of the Darnall and District Medical Aid Society and members of the Public Health Department staff gave items of singing, comedy, pianoforte solos, etc. The voluntary services of all those who entertained were greatly appreciated and their performances contributed greatly to the singular success of the party. This was the first time for many years that many of the handicapped people had been to any form of entertainment outside the home. Arrangements were made for the non-ambulant handicapped to be transported to and from the party by ambulance.

Religious Services and Entertainments.—There is already ample evidence of the readiness of the churches, managements of cinemas, football clubs and other places of public entertainment to make arrangements for the admission of people who have to use wheel-chairs, and it is not anticipated that much difficulty will be experienced in this direction by the handicapped in the City.

Wireless and Library Service.—The facilities of wireless service and maintenance now provided for the blind has been extended to include necessitous handicapped persons. Where necessary, arrangements may be made for the provision of library facilities to handicapped persons in their own homes through the Council's Library Services, in accordance with the following :—

- (a) The patients must be those who are incapable of going to a library themselves, or are likely to be incapable of so doing for a period of not less than three months, and who have no relatives or friends who could borrow books for them in the normal way. No patient will be admitted into the scheme except on the certification of a doctor, health visitor or other persons approved by the Medical Officer of Health.
- (b) The persons who undertake the service must be registered members of a responsible voluntary organisation approved by the Medical Officer of Health, and will carry an authority which will be recognised at any library from which they operate.
- (c) Each patient will have the normal borrowing facilities (i.e. three books) but in special circumstances extensions of this will be allowed.
- (d) No fines will be charged, but the visitor will be asked to ensure that books are returned within a reasonable time.
- (e) Borrowers must register normally and the method of issuing in the libraries will be in accordance with accepted practice.
- (f) Each library will keep a special record of issues to each reader as an aid to selection of books.

Little use has so far been made of these facilities.

Arrangements have been made for the collection and distribution of used magazines to housefast and bedfast persons. This is only on a small scale at the present time, but it is intended that it should be expanded in the future.

Transport Facilities.—In appropriate cases, free transport facilities on the Corporation tram and bus services are made available to handicapped persons in travelling to and from their homes, in accordance with the following :—

- (a) Eligibility to receive free transport facilities are dependent upon a handicapped person being duly registered in accordance with the City Council's approved welfare schemes and the person's available income being not in excess of the scale of the National Assistance Board. This income limit may be waived where special circumstances merit the granting of travel aid.
- (b) The free transport facilities are provided to and from home in attending :—
 - (i) Classes and services provided directly by the Council.
 - (ii) Approved classes and services provided by voluntary organisations, and
 - (iii) Other approved activities.

At 31st December, 1954, there were 33 handicapped people being assisted with regard to travel expenses when attending approved activities.

In addition to these travel facilities, arrangements have been made for the transport by vehicle of non-ambulant men to a Handicrafts Class which is held each Monday at the Parson Cross General Welfare Centre. At the outset, ambulances were used for this purpose but as this proved expensive and, for various reasons, inconvenient, one of the Disinfecting Station's vans was converted at a very low cost to act as a bus on this day and this arrangement has worked very successfully. An order was placed for the delivery of a bus with adaptations suited to the disabilities of the handicapped people to be carried and this has now been received. This bus will help considerably in the difficult problem of providing suitable transport for seriously handicapped people to and from the various welfare services which are being provided for them.

Housing.—Special attention is given to the housing difficulties of handicapped persons, but the number of disabled persons in the City who require special housing is difficult to assess. This is chiefly because an accurate assessment of the disabled has never been made, but it is hoped that the Register will eventually rectify this situation.

Certain handicapped persons have been rehoused into prefabricated bungalows but this is not always a happy solution. The doorways inside “ prefabs ” are very narrow and may prevent the access of a wheel chair. Thus the movements of the patient within the dwelling are restricted and this can cause hardship. In some cases the difficulty can be overcome by widening the doorways, but in certain “ prefabs ” the structure, electrical wiring and other fittings make this impracticable. The ideal, of course, is the provision of specially constructed dwellings with suitable appliances so as to allow the patient the maximum degree of independence. Any scheme in Sheffield for the provision of special houses for handicapped persons must take into consideration the hilly nature of the City. The houses should be sited in the more level areas so that the patient may be taken out in a wheel-chair or, if ambulant, take a short walk without undue strain.

It is thought that a fair estimate for the housing of disabled persons would be in the region of 50 dwellings.

These welfare services provide for assistance to handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of additional facilities, designed to secure the greater comfort or convenience of the patients.

During the year 1954, assistance of this kind was given to six patients as follows :—

Case “ A ”.—A girl, aged 18 years, severely disabled as the result of poliomyelitis. She was unable to raise herself unaided from her wheel-chair and had to be lifted by her mother. To overcome these difficulties, and promote independence the following work was carried out in the house :—

The provision of :—

- (i) Two handgrips bolted to the living-room wall so as to enable the patient to pull herself out of her wheel-chair and on to crutches.
- (ii) Handrails fixed to the lavatory door and wall.
- (iii) Chain and handgrip fixed to the lavatory ceiling.
- (iv) A wooden ramp for the doorstep.

These adaptations have proved very successful in providing the patient with a greatly increased degree of mobility and independence. A bed with a self-lifting pole and chain was also provided so as to enable the patient to get out of bed without assistance.

Case “ B ”.—A man, aged 32 years, suffering from paraplegia. He is confined to a wheel-chair and although he could pass through the main doors of the house (a “ prefab ”) he was unable to get either into the toilet or the bathroom in it. He was in the habit of pulling himself bodily along the floor to these rooms and, as a result, he was suffering considerable skin damage. The doorways of both the toilet and bathroom were so adapted as to enable this man to enter in his wheel-chair.

Case “ C ”.—A man, aged 50 years, suffering from disseminated sclerosis. He was supplied with a motor tricycle by the Ministry of Health and the department arranged for the modification of a 6½ in. step into the yard at the rear of the house and the removal of part of a wooden fence. This enabled the patient to drive his vehicle into the garage which was situated in the yard. As a result of his increased mobility he was able to find employment again.

Case “ D ”.—A man, aged 56 years, suffering from arthritis. A concrete ramp over two steps was provided in order to allow the access of his motor-chair to a garage situated at the side of the house.

Case “ E ”.—A man, aged 37 years, who had a double amputation of the legs. He was to be supplied with a motor-chair but, in order to allow free access of the vehicle to the house, it was necessary for a drive-away to be laid, a gateway to be provided, the kerb to be lowered and a concrete post removed from the public footpath leading to the house. This work was carried out.

Case “ F ”.—A boy, aged 15 years, severely disabled as a result of poliomyelitis. This boy was unable to use the toilet without assistance. In order to overcome this difficulty a chain and handgrip were fixed to the lavatory ceiling.

The permission of the owner of the property is obtained in every case before these works of adaptation are carried out and the patient is expected to contribute towards the cost in accordance with a scale of charges related to the family income.

In addition to these adaptations, two high stools have been provided for two women who suffered from arthritis, in order to assist them when preparing meals in the kitchen, washing up or carrying out other household duties. The stools were made by the handicapped men who attend the Handicrafts Centres.

There are many useful “ gadgets ” available to assist the disabled to overcome their handicaps, particularly in regard to the disabled housewife, and details are being kept so that handicapped persons may be advised as to their existence and usefulness and, if necessary, assisted with regard to obtaining any required apparatus.

Holiday Facilities.—The Council have decided that financial assistance in respect of holidays for handicapped persons should be a maximum of 30/- per period towards maintenance expenses plus a maximum of 30/- towards the cost of travelling expenses. This assistance is limited to those not working and in receipt of National Assistance Benefit, Widows' Pension, Retirement Pension or other similar benefit.

During the year under report, six elderly women were referred by the Sheffield Association in Aid of the Adult Deaf and Dumb for assistance with regard to a holiday at Morecambe. Assistance was given to these women in accordance with the conditions set out in the previous paragraph.

Handicapped persons are often unable or unwilling to take a holiday in the normal way and, in many cases, arrangements would have to be made for such persons to be accommodated at holiday homes which cater for the disabled. A specially adapted holiday home run directly by the Council would be a boon to many of the handicapped, and it is possible that there are other services which could make use of such a home. For example, in addition to ordinary holidays for the handicapped, the home could be used by patients being provided with convalescence facilities by the Care and After-Care Service (146 persons were sent to convalescent homes during 1954).

Employment or Occupation.—As previously mentioned, information gained as a result of the reports of the Health Visitors suggests that the principal need of many handicapped persons is for some means of occupying their time and special consideration is being given to this matter. Enforced idleness is most discouraging and may lead to degeneration. To work, particularly to earn, places the individual well on the road to regaining his self-respect and becoming an effective member of the community and, if this can be done, we have gone a long way in assisting him to overcome his disability.

The provision of employment or occupation under the scheme can be classified as follows :—

- (a) Sheltered workshop employment, such as is available to the blind.
- (b) Home employment, if a reasonable sum can be earned.
- (c) Handicrafts and other skilled activities either at home or at a centre.

An assessment of earning power will be required for categories (a) and (b). Those engaged in handicrafts, etc., will be allowed to retain profits made from the sale of their works, after deduction for cost of materials, etc. (see page 137). Where a handicapped person shows special aptitude, the aim will be to bring him to the standard required for employment in a sheltered workshop, or at home, or on an industrial basis.

Many handicapped persons, particularly those suffering from congenital defects or those incapacitated early in life, are quite untrained, and a similar handicap is laid upon the skilled worker who, through accident or sickness, finds his previous mode of livelihood closed to him. Furthermore, their handicaps may be of such a nature as to preclude them from assistance under the Disabled Persons (Employment) Act, 1944, or the facilities provided by Remploy, Ltd., and they have little hope of gaining employment through the usual channels. In addition, there are certain handicapped children who have had little or no education but who have a certain amount of ability. Every effort must be made to assess and make use of their abilities. Here again, there is little prospect of employment through the usual agencies.

There is a "Co-ordinating Officer" employed in this scheme and this officer has a thorough knowledge of trade conditions, market conditions, sources of raw materials, etc., and is able to advise regarding the proper types of articles to be made, arrange markets and sales, co-operate with the Ministry of Labour officers, and carry out many other duties. This officer works in close co-operation with Dr. Parker, in investigating the different aspects of this service. He is also responsible for the placement of blind persons in employment.

In October, 1954, an Occupational Therapist was appointed under this scheme and it is hoped that close co-operation between the Medical Officer, the Co-ordinating Officer and the Occupational Therapist, both at the initial assessment of the patient's capabilities and during the period of training and supervision, will ensure for the trainee the benefits that the scheme anticipates. Training may also be required for the aged person whose physical condition makes him unable to carry on heavy employment, but who is quite well able to perform a lighter task after a little tuition.

There is a need for a new outlook with regard to sheltered employment for disabled people. Whilst it may be necessary to provide permanent sheltered employment for the more severely disabled, it is felt that there are many less seriously handicapped persons employed in sheltered workshops who could be trained for placement in open industry. All too often, these disabled persons regard entry into such a workshop as the final stage of rehabilitation whereas their goal should be resettlement in open industry. The purpose of a disabled man's entry into sheltered employment should be made clear at the outset, and if he is suitable for training he should be kept aware that, once he is considered fit for competitive employment and a suitable place is found for him, he would be expected to go out into open industry under working conditions suitable for his particular disability. In this way, vacancies in the sheltered workshops could be found for the more severely disabled persons. In addition, training is often too generalised and not near enough to outside labour conditions. There should be a variety of occupations, capable of being "broken down", and the work should simulate outside employment, including hazard and muscular effort.

Many mental patients are harmless and easily employable.

It might be said here, in passing, that the very slight experience with cases of mental illness, shows that a large number are in the community who have had :—

- (1) No treatment. This results from non co-operation on the part of the patient himself and/or his relations. He is usually unemployed and receiving every financial assistance available for himself and family. He shows no desire to work and defaults early.
- (2) Treatment in a mental hospital. These patients have usually suffered an acute illness from which they have recovered or partially recovered, and they are anxious to become workers again. Experience with this group has been even more limited, but it appears that a number of them are able to work without breakdown over long periods before relapsing, and many never break down again.
- (3) Treatment at a clinic. Some have been in-patients, others have never been in a mental hospital. Those who have come to the centre have been psychopaths who, although seriously mentally ill, have presented no behaviour problems which will affect the community. These people are, as a rule, not adjusted to the society in which they have to live and work, and are, therefore, not accepted by that society. They themselves, however, wish to be regarded as normal and would not be willing to attend a group with people similarly afflicted. It appears that much more might be done for this type of case, without calling the illness "mental", and thereby avoiding stigma.

Home Employment.—From recent visits made to establish the needs of homebound disabled persons, it appears that there are fewer than was thought who could be so classified, although there may be such cases which have not yet been brought to our notice. The people visited invariably expressed a desire to be taken to centres so that they could work in a group rather than work in isolation at home. As a result, a handicraft class for non-ambulant men was opened in December, 1954 at the Parson Cross General Welfare Centre, transport being provided. It is hoped to include the more proficient of these men in the scheme for the provision of any future workshop (see page 140).

If it is found necessary and possible to provide some work for the handicapped in their own homes it will be essential to ascertain that, before admission to such a scheme, the patient is able to pass a test of minimum earning power so that the scheme may be placed and kept on a reasonably economic plane.

The individual desires of the disabled must also have attention. Some would prefer, say for financial reasons, to work on some component or stage in the factoring of articles, passing the work on to the next stage of manufacture, while others would gain the utmost satisfaction from the completion of a piece of work, having had the work in hand from the beginning of the process or manufacture, though the financial gain be less. This will, of course, depend largely upon the disabled person's domestic responsibilities and financial status.

Handicrafts, Crafts and other Skilled Activities.—There are many handicapped persons, a number of them elderly persons, who are incapable of training for employment of an industrial character. It is, therefore, important that provision be made for some form of occupation for these persons. During the year, one homebound man and two women have been assisted with handicrafts in their own homes. Their standard of work is varied but their progress is being

watched with interest. These patients are being taught by the Occupational Therapist. The provision of materials and equipment forms part of this service, either free of charge or, where the handicapped person's resources are sufficient or are increased by the sale of his products, at not more than cost price.

A comparatively small number of disabled persons will rise to a high level of skill in this field. Many will only be able, because of their disability or lack of training, to do purely pastime work which will not command any sale or even admiration. However, it is good for a person's physical well-being to be actively using whatever skill or ingenuity he may have.

Where a handicapped person assisted under this heading shows special aptitude, the aim will be to bring him to the standard of more productive schemes and then to encourage him to join the most suitable.

As mentioned above, the people notified to us have usually expressed a desire to work in groups rather than at home and as a result it was decided to open handicraft classes, as the demand arose, at various centres in the city.

Manor Handicrafts Centre.—In June, 1953, a Handicrafts Centre was opened at the Manor Maternity and Child Welfare Centre and it is pleasing to report that this venture has been a pronounced success.

Six sessions per week are held, each session being of two and a half hours' duration, i.e., 9.30 a.m. to noon : 2 p.m. to 4.30 p.m. Two male groups and one female group have been formed and they attend the centre as follows :—

| | | | | |
|---------------------|----|----|----|-----------------------|
| Monday morning | .. | .. | .. | Male Group A. |
| Tuesday morning | .. | .. | .. | Male Group B. |
| Wednesday afternoon | .. | .. | .. | Female Group. |
| Thursday morning | .. | .. | .. | Male Group B. |
| Thursday afternoon | .. | .. | .. | Part of Male Group B. |
| Friday morning | .. | .. | .. | Male Group A. |

At 31st December, 1954, there were 30 men and 20 women attending this centre. Their ages range from 17 years to 76 years and they are suffering from a wide variety of disabilities. Before enrolment, each patient is interviewed by the Medical Officer in the service and their own doctors are consulted so that there may be an assessment of any difficulties which might arise. The instruction is carried out by the Co-ordinating Officer who is assisted by the Occupational Therapist.

The numbers of disabled persons admitted to the Centre have been controlled so that all could benefit by instruction given by the staff available. The cases are accepted as handicapped persons and no selection, or assessment of ability, or degree or type of disability is attempted even when it is felt that it might be helpful to patient and instructor. This is proving to be a wise decision, since the majority have voiced their insecurity by stating how suspicious they were of the efforts being made to adjust them to a new way of life. The group mostly affected in this way are those who had become seriously ill between 50 and 70 years and, partially recovered, had endeavoured to find work without success : less embittered, but no less insecure, are the congenitally disabled who have had little schooling and training. Experience has also shown that the selection for final placement will rest with the patient himself, in the way he can surmount his disability. There is no doubt, however, that facts relating to his medical history from general practitioners, consultants, etc., along with some record of work, are of great value and would help towards more accurate assessments. Despite the heterogeneous nature of the disabilities in the two groups, the disabled within them appear to fall into the following categories :—

- (1) Those, probably a small number, who are finally rehabilitated to open industry.
- (2) A small number who would be capable of limited employment in open industry. They could work full time if the job were suited to their special needs and this is well nigh impossible to find. Others are capable of part time employment, with or without special provision, but again this is difficult to find.
- (3) A larger number who will never be fit to return to open employment. They are fitted to work in a sheltered workshop—(a) Full time. (b) Part time.

- (4) Those who are unable to enter work where competitive conditions exist. Some of those could help with simple processes towards an end product, but the greater number would, at present, be fitted for pastime occupation only. Now that an occupational therapist has been added to the staff, efforts will be made to improve the skills of this group.
- (5) Some who are of low intelligence and will be assessed and transferred to the occupation centre for mental defectives. This is difficult, since parents are not willing to admit mental deficiency in a young adult who has not been assessed during school years or who has since deteriorated mentally.

Those who are in group (2) cause the greatest concern. They themselves feel fit and capable, and they are known to be skilful and careful workers who could, given a chance, earn money. If a recommendation can be made, it is that they move to a workshop where they can be given an opportunity to use their skills to produce articles which will be made available to the public. It is certain that, whilst there is hope of future employment, they will work at the centre : if this hope is not fulfilled, they will become once more the dejected, frustrated and embittered men they were on arrival at the centre.

Successful rehabilitation appears to depend on :—

- (1) Adjustment to illness and disablement.
- (2) Adjustment to society and acceptance of help.
- (3) Ability to learn.
- (4) Practical skill.

The tasks set must provide for all these things. There has been no selection in the groups, as before stated, but achievement on all four, or some, or none of the above, is a good way of discovery of what can be expected of any one individual.

Each male group began by making its own woodwork benches and fitting out tool cupboards, and chairs and tables were obtained from day nurseries which had recently been closed. Thus the cost of necessary furniture and equipment was kept to a minimum.

So far as possible, the patients are taught to make marketable articles, and they are making clothes horses, household steps, bookshelves, table mats in wood and formica, leather purses and articles in plastic. In addition, bases for tea-pot stands, tea trays and various types of baskets have been made with holes drilled ready for completion at the handicraft classes of the Welfare of the Blind Department. Stool frames are also assembled and stained ready for completion by the blind. Various types of bases have been supplied to the Sheffield Cripples' Aid Association. At Christmas-time, plaster cast figures for cake and other decoration were made. There has been a steady flow of orders, particularly from the Welfare of the Blind Department, and there has been a good demand from private sources for the clothes horses, bookshelves, etc. Working in groups, using the skill of each member to the best advantage, is economical and allows a higher standard of finish, thereby creating a more ready sale for the goods produced.

Wherever possible, the selling price of any article is approximate to a comparable article commercially made and marketed. From the proceeds of the sales, the Department recovers the cost of materials used plus a fixed percentage of 10 per cent. to cover the depreciation of equipment, use of premises, etc. The profits are then pooled and distributed amongst the patients at suitable intervals. The amount each patient receives is in relation to his attendance record.

During 1954, a total of £54 3s. 2d. was distributed amongst the members of the male groups. So far as women are concerned, there has been little success in forming a group which can produce articles for sale in the general market. Very few requests for occupational services for women are received. Experience gained from visiting the homes of women said to be handicapped has shown that the majority were capable of getting about the house and were employed in domestic duties at home. Those who have mechanical invalid chairs seldom use the vehicles to enable them to go to work but, more often, to attend the activities provided by the Motor Chair Club, Infantile Paralysis Fellowship, etc. As a result of recent, though limited experience, it appears that young women who suffer from tuberculosis and who are fit enough after treatment to get about but not to return to work, would appreciate group employment of a temporary nature. These cases are, however, too infrequently brought to our notice to make this possible at the moment.

The members are enthusiastic and gain satisfaction from their work. Some work in pairs, dividing the operations amicably between themselves, while others prefer to work independently, doing a job from start to finish. In other cases, the patient realises that a complete job is more than he can tackle and, after finishing one operation which he can perform with ease, he is content for the next operation to be done by one or more of his companions until the article is completed. The co-ordinating officer has set up jigs and other "gadgets" to help certain of the patients carry out their work and attain a degree of self-reliance which would otherwise have been impossible.

It is very pleasing to report that during the year two men who attended the Manor Handicrafts Centre have been placed in open employment. The details of these two cases are as follows :—

Case "A".—A man, aged 62 years. He had two severe abdominal operations and it was felt that he should not undergo a course of industrial rehabilitation until his physical condition improved and his self confidence was restored. Therefore, in February, 1954, the Ministry of Labour asked if the local authority could enrol him into a class at the Manor Handicrafts Centre in order to help improve his condition. As his health improved, his attendances increased and in September, 1954, he was referred back to the Ministry of Labour for full time industrial rehabilitation. He commenced work as a workshop sweeper with his former employers on 1st December, 1954.

Case "B".—A young man, aged 19 years, who had never been employed and had led a very sheltered life. However, in November, 1953, he was allowed to attend the Manor Handicrafts Centre and he attended fairly regularly, being transported to and from the Centre in his father's car. Eventually, it was felt that this youth could undertake employment and his parents were further persuaded to allow him to attend unescorted at the Industrial Rehabilitation Unit at Handsworth. This was in October, 1954, and as a result of the rehabilitation course, he has been placed in employment as an assistant greenkeeper.

Parson Cross Handicrafts Centre.—As the result of experience gained from visits made to the homes of handicapped persons said to be homebound and non-ambulant, it was decided that a handicrafts class for non-ambulant men should be established. On 13th December, 1954, such a class was opened at the Parson Cross General Welfare Centre, which had previously been a Day Nursery. At the outset, arrangements were made for nine men to attend the Centre once per week on a Monday. The patients are transported to and from their homes and they stay all day from approximately 10 a.m. until 4 p.m. A hot mid-day meal is provided. They are employed on light handicrafts (e.g. leatherwork, marquetry and the making of toys, keepnets, slippers, etc.) and they work under the supervision of the Occupational Therapist. As yet, no assessment of the potentialities of these men has been possible, but it is important that this assessment be carried out if frustration of the severely handicapped but promising non-ambulant individual is to be avoided. The majority of notifications from doctors and almoners are now of this type of case and arrangements will be made for other classes of a similar nature to be established as the need arises.

Prior to the opening of the handicrafts class at Parson Cross, 31 visits were made to the homes of persons said to be homebound and non-ambulant in order to find out if they could benefit from these services, and the results were as follows :—

MALES.

Disseminated Sclerosis—5 cases.

Case "A", aged over 40 years. This man's wife called at the department to find out if anything could be done to help her husband. He was formerly a driver of a mechanical vehicle and had been unable to move alone for the past two years. She does part-time work to supplement their allowances, but does not like leaving him alone in the house. Although seriously handicapped he is unwilling to acknowledge defeat : he does not want homework but wishes to get out amongst others to do a job, however limited.

Case "B", aged over 40 years. This man is completely disabled and has to have help to toilet, etc. He has recently had some training in handicrafts ; this had made him keen to do more if he could get out ; training would not be easy.

Case "C", aged over 40 years. This man is completely disabled, sits in a chair whilst his wife goes to work. There is some mental deterioration apparent in this case. He is distrustful of offers made to help since all previous offers have failed. If transport were provided and positive efforts made, it is thought that he would enjoy coming to a centre : no doubt this would require his wife's co-operation.

Case "D", aged over 40 years. He can move about the house and do some walking. He was interested to try the Manor Centre, but wrote to say he could not make the distance to the bus. He has been trained as a cobbler. After initial trial at the centre, this man might be fit to work in a sheltered workshop as a severely disabled person. Transport would be necessary to enable him to attend any welfare services.

Case "E", aged over 40 years. This man has one eye so that sight as well as muscular movements of leg are limited. He was not willing to fit in with any offers made to him ; he was not unhappy with the limited life he lives.

Muscular dystrophy—2 cases.

Case " F ", aged over 40 years. This man lives with his wife in a " prefab ". He was capable, with help, of getting to a simple job nearby until two years ago, when his condition became worse. He passes time making small leather articles which are sold at a small profit to friends, and is willing to work if transport could be provided. It was felt that he might prove good enough for sheltered workshops as a severely disabled person.

Case " G ", aged over 40 years. Although this man was not seen, according to his father he is capable of going small distances. He had had a job for some part of the war years, but had to give up because of the difficulty of getting there. The father thought he might be willing to attend handicraft classes. An initial trial at the centre would be needed and transport provided.

Cerebral Palsy—2 cases.

Case " H ", aged under 40 years. This man is looked after by parents who are keenly interested in his welfare. His mother provides him with materials for rug making and model aeroplane construction. All his work is of a very high standard. No effort had been made to get him a motorised wheel-chair, because he is alarmed to try even if it were granted. He requires taking to a centre to become socially adjusted and trained, and it is felt he could be employable full time in a sheltered workshop.

Case " I ", aged under 40 years. This man has made great efforts to overcome his handicap. He lives with another brother and their aged father, for whom he does the housework. He makes socks on a circular knitting machine and during the war had no difficulty in disposing of his goods, but now is hampered by competitive trade in the shops. The socks were of excellent quality and workmanship. It is felt that if the difficulties of his domestic chores were overcome, transport to a centre would give this man a fresh outlook.

Paraplegia—1 case.

Case " J ", aged under 40 years. This young man was a miner whose condition is the result of an accident. His father, whom we also saw, is a disabled miner. Their combined attitude was unhelpful and they were satisfied to do little or nothing all day ; the mother worked at a nearby steel manufacturers as a cleaner, and stated plainly that they would expect payment for any effort they made. He had a motor wheel-chair.

Bulbar paralysis—1 case.

Case " K ", aged over 40 years. A cheerful man who has made great effort, without success, to overcome his disability. He can go outside with difficulty. He would appreciate being taken to a centre to try to work.

Hemiplegia—2 cases.

Case " L ", aged over 40 years. This man was a driver of a mechanised vehicle and suffered a stroke which has paralysed his left arm and leg and blinded the right eye. He has been making great efforts to get about but is still worried by getting on and off public transport. He requires help towards final rehabilitation.

Case " M ", aged over 40 years. He can do the housework while his wife works, and he is unwilling to make an effort to join a centre lest he should be worse off both physically and financially.

Epilepsy—1 case.

Case " N ", aged under 40 years. This young man lives with his brothers and a sister who does the house-keeping. He is backward as well as epileptic and is very well cared for. The sister was mildly resentful of the visit and antagonistic towards any suggestion that he might work.

Heart Disease—1 case.

Case " O ", aged under 40 years. This boy was a " blue baby " and has attended the open air school where his achievements, quite understandably, were not very high. He could get about and promised to attend the centre, but never arrived.

Three men were out when the visit was made. Efforts to contact them have so far been unsuccessful. Eighteen men were visited and ten could be classified as " homebound " : eight could be helped to overcome their disability if transport to take them to a centre were provided.

FEMALES.

Poliomyelitis—2 cases.

Case " A ", aged under 40 years. Very well cared for at home, and has a motor chair which she uses well and wisely. Attends the Manor Centre regularly. It is felt that this young woman might be found a job ultimately in open employment. This would have to be approached with caution, probably by way of part time and then full time employment in a sheltered workshop, until adjustment to outside conditions could be achieved. She is a good and careful worker.

Case " B ", aged under 40 years. This young woman can get about, although with difficulty. She was not willing to attend a centre. If transport were provided, another effort might be made in this case.

Bronchiectasis—1 case.

Case " C ", aged over 40 years. She never attended school and has never worked. The mother kept the patient indoors and held the interview in the yard. She did volunteer that another daughter was at home and that she would never work again. Assessment of possibilities could not be made under these circumstances.

Congenital Spina bifida—1 case.

Case " D ", aged over 40 years. This woman was very well cared for by her mother (aged 79). The patient stayed on a couch and occasionally occupied herself with simple knitting. She was incontinent. Her disability was such that she had never been to school nor been taught at home. Under present conditions little help could be given and they asked for none.

Traumatic paraplegia—1 case.

Case " E ", aged over 40 years. This woman was said to have been in bed all her life ; she was incontinent and unable to do much for herself. She could knit at times and was well cared for by an aged mother and married sister. No help was asked for and her time was fairly well occupied.

Congenital Heart disease—1 case.

Case “ F ”, aged over 40 years. She was not seen when the visit was made, but later she called at the office. She will attend the centre to see how she likes it, but it is felt that she gets a lot of help from her own wide social circle. She is unlikely to desire work as she has been sheltered since childhood by an interested family and relatives.

Amputations—2 cases.

Case “ G ”, aged over 40 years. She has never worked since an accident which resulted in the amputation of one arm. She lives with her sister and is happy doing no remunerative work ; if anything, she was mildly alarmed that a visit should be made to suggest that her disability could be overcome. A nephew in the same house, who was reported by the Youth Employment Bureau has never been seen, although every effort to do so has been made. His mother was indignant when it was suggested that he might appear and state whether he was interested in training.

Case “ H ”. Double amputation of legs. She has a motor chair and is active in various organisations. She asked for a visit to be made and said that she would like to attend the centre. She attended once, then defaulted.

Congenital paralysis of unknown origin—2 cases.

Case “ I ”, aged under 40 years. This woman, who shares a house with a friend, is trained and, through help from other organisations, has had part time jobs. She said she had to give up work because she was not fit to carry on. She has a motor chair and appears to be adapting her life to enable her to enjoy the benefits from it to the full. She would not consider work without remuneration.

Case “ J ”, aged under 40 years. She was not seen as she had been taken out by a friend. Her mother stated that she would be willing to attend for training if transport were provided.

Congenital deformity of legs—1 case.

Case “ K ”, aged under 40 years. This woman is having further operations and should be mobile with motor chair when fit again. Her parents have promised to contact the department through the Health Visitor, who calls regularly.

Tuberculous spine—1 case.

Case “ L ”, aged over 40 years. She is in hospital and her sister said that she would not be out again for some time.

Paraplegia—1 case.

Case “ M ”, aged under 40 years. She has a motor chair and is very well protected by the family. She has no desire to work.

Visits to handicapped women produce less good results than those to men. Of thirteen women seen, two attend the centre and one may go to a job finally ; two were in hospital and of these one might attend the centre later, the other is unlikely to do so ; three who could have benefited refused to attend : one was not seen, but was said by her mother to be unfit to work ; two were bed-bound and unable to benefit ; one attended a centre and defaulted ; and two might attend if transport is provided. Further visits to them will be made before this can be said with certainty.

The principal aim of these services is to discover the capabilities of the patients within the limit of their disabilities, education and industrial history, in order to assess their prospects of undertaking remunerative work. There are several who can attend regularly and whose standard of work is so high that they might be recommended to open industry if suitable employment could be found. This is a problem that must be faced in the future, if frustration is not to replace hope and enthusiasm. On the other hand, success has not attended every case. The defaulters and irregular attenders soon become apparent and are to be expected. Personality defects, arising from various causes, might be said to have prevented them fitting into this scheme, and they will be difficult to fit into any other. The difficulties encountered must not be forgotten in assessing the results and planning for the future. There was no plan for our guidance and progress has been by trial and error. Despite the difficulties it has been found possible to make an assessment of the handicapped persons who have been under care.

The lines of future developments appear to be the following :—

- (1) A class for the primary assessment of all disabled persons. A fairly full estimation of the disabled person's ability will have been made following a preliminary visit and discussion possibly at home, but it will be necessary to make a final decision in a workshop and, according to suitability, the hours can be extended gradually.

Following the assessment and the progress made, it will be found that some will be able to attend—

- (2) A productive group of ambulant handicapped persons working 5 days per week from 9 a.m.—4 p.m.

- (3) There will be a group of non-ambulant persons, very handicapped, especially as regards their mobility, who could be brought to work at a centre, at first, on two days per week (9 a.m.—4 p.m.).
- (4) A few will graduate depending on their abilities and the opportunities that present themselves to either open employment or self employment.
- (5) There will be a number who will not graduate—perhaps not even to the primary assessment class. These will require pastime occupation and centres should be set up in various parts of the city as the opportunity presents and the need arises.

There will of necessity be some movements between the groups, but one should set out with the intention of trying to return every case to full gainful employment.

The Ministry of Labour have been co-operative at all times and support the scheme through their Disablement Resettlement Officers.

Marketing of Produce.—As previously mentioned, the aim will be, wherever possible, to encourage the handicapped persons to produce articles with a marketable value rather than rely upon sympathetic purchasers. However, the handicapped worker is obviously at a disadvantage regarding the marketing of his produce if left to his own resources, and arrangements must be made for the sale of his goods either by direct sale to the public through a local authority sales shop, market stalls staffed by voluntary helpers, “Sales of Work” or possibly to agencies either locally or over a wider radius. In this latter connection, one of the duties of the Co-ordinating Officer is envisaged as finding out what the market requires, obtaining orders for whatever is needed, and seeing that the goods are delivered. He would also watch that the market was not flooded by any one type of article, and that the exclusive field of blind welfare activities was not encroached upon by any group. In the course of time it is hoped that this Officer will assist in incorporating the established work of the Blind Welfare in the wider field of welfare for all disabled persons.

Training Facilities.—Arrangements have been made for an interchange of information with the Director of Education and the Regional Controllers and Local Officers of the Ministry of Labour in order to ensure that any handicapped person capable and desirous of undergoing suitable training may have the opportunity of doing so. These facilities will include further education.

Epileptic and Spastics.—As a result of the recommendations contained in the Ministry of Health Circular 26/53, further consideration has been given to the special welfare needs of Epileptics and Spastics.

Epileptics.—Epilepsy varies in severity and type and in the amount of disability it causes. It may be associated with other serious disabling conditions. The diagnosis and treatment is a matter for the hospital and general practitioner.

Most epileptics do not present any social or economic problem—they have found an occupation or a way of life where their disability is no hindrance.

The young child who suffers from fits at an early age may be known to the Child Welfare Service. After the age of two the Local Education Authority may assist with special educational treatment. If he cannot be educated he is referred to the Local Health Authority. Some require care in institutions.

The Local Authority does, therefore, help epileptics :—

- (1) During school age :—
 - (a) If educable, in ordinary or special schools, day or residential.
 - (b) If ineducable, in day occupation centres or in institutions.
- (2) Over school age : in the choice and training for a suitable job, helping those who are unable to work or in providing institutional care.

Many of the ineducable epileptics have been ascertained to be mentally defective and attend the day occupation centres established by the Mental Health Service. The Public Health Department are also helping those who fail to obtain or retain employment. The handicraft classes which have been established under these welfare schemes (see page 135) are open to epileptics. At present, eight (five men and three women) attend regularly. One has been placed in open

employment and it is hoped that jobs can be found for others after more training. They are further aided by the issue of free travel passes for journeys to and from the classes and where appropriate for journeys to the activities organised by the local Epileptics' Association. With future expansion of the welfare services, it is expected that more epileptics will be admitted to the classes and thereby be assisted to become self supporting members of the community. Training over much longer periods than can be given at Industrial Rehabilitation Units is often needed for epileptics to avoid blind alley occupations. Epileptics who are likely to find difficulties in finding suitable and adequate employment are recommended to centres for training at the earliest opportunity. The ultimate aim is to rehabilitate the epileptic so that he is well adapted to work and society : this requires full co-operation and integration of the services under the Education Act, National Health Service Act, National Assistance Act and with the Ministry of Labour.

The national figures show that of a total number of 15,078 epileptics, 13,305 are employed and 1,773 unemployed.

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|
| The information regarding Sheffield is not complete but the following may be a guide :— | | | | | | | | | |
| No. on Register of Handicapped Persons (Local Health Authority) | .. | .. | .. | .. | .. | .. | .. | .. | 34 |
| No. of ascertained mental defectives with epilepsy | .. | .. | .. | .. | .. | .. | .. | .. | 53 |

| | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|-----|
| *No. dealt with by Social Care Department, and under their care | | | | | | | | | |
| (i) In residential accommodation locally | .. | .. | .. | .. | .. | .. | .. | .. | 6 |
| (ii) In colonies | .. | .. | .. | .. | .. | .. | .. | .. | 15 |
| †No. on Ministry of Labour Disabled Persons Register (of whom 20 are unemployed) | | | | | | | | | 166 |

* These figures have been kindly supplied by the Social Care Department.
† These figures have been kindly supplied by the Ministry of Labour and National Service.

The unemployed are not, however, at the moment considered unemployable.

Spastics.—Cerebral palsy is a condition of the brain which causes paralysis or disordered movement. The degree of disability may vary from a minor type to a condition with severe brain damage causing mental deficiency together with a severe paralysis. Early ascertainment is necessary and expert investigation is important in order to assess the child's needs and its likely progress later on in life. Specific treatment can be undertaken after examinations by a team of experts. This will have a bearing upon the future provisions for the treatment and education of spastic children. It is well to remember that the underlying damage cannot be repaired as far as is known at present, and efforts must be towards improving the condition and, if possible, trying to prevent future deterioration.

Size of the Problem.—Estimates of the number of cases give varying results. Surveys of school children in several areas have provided the most accurate figures—one survey in Birmingham showed that 1·0 per 1,000 of the school population were suffering from this condition ; comparative figures for Sheffield and Bristol are 2·5 and 2·0 per 1,000 of the school population respectively. There are 26 spastics on the register of the Local Health Authority and the numbers of cases notified to us are increasing. Their sex and age-groups may be classified as follows :—

| | | | 0—4 | 5—9 | 10—14 | 15—24 | 25—44 | 45—64 | 65+ | |
|---------|----|----|-------|-------|-------|-------|-------|-------|-------|--------|
| | | | Years | Years | Years | Years | Years | Years | Years | Totals |
| Males | .. | .. | 1 | 5 | 1 | 4 | 5 | — | — | 16 |
| Females | .. | .. | 3 | 1 | 1 | 4 | — | 1 | — | 10 |
| TOTALS | .. | .. | 4 | 6 | 2 | 8 | 5 | 1 | — | 26 |

These figures indicate a need for continued research and the co-operation of all welfare services. It shows that it is important to integrate these services under one authority so that continuity of supervision is ensured at all stages of the person's development. In this way classification of the grades of handicap could be facilitated, for it is known that there is a need for more research into the methods of testing the abilities and potential abilities of the child suffering from cerebral palsy.

- It is desirable particularly to acquire information on the following :—
- (a) The number, probably small, who acquire the disease later in life, i.e., are not born spastics.
 - (b) The expectation of life and the prospects of improvement or deterioration of those suffering from cerebral palsy, in order to make proper arrangements for the future.

The local authority has the following services which can help the patient suffering from cerebral palsy :—

- (a) Maternity and Child Welfare Clinics which help the parent with training. Health Visitors give personal instruction and advice in clinics and in the home.
- (b) Home Nursing Service.
- (c) Ambulance service to take the child for treatment, etc.
- (d) Facilities provided under Section 28, National Health Service Act, 1946—Prevention of Illness, Care and After-Care.
- (e) Domestic Help.
- (f) Occupation Centres where there are multiple defects.

It was felt that, if those suffering from a severe degree of cerebral palsy were observed continuously until the age of five years, accurate ascertainment and the provision of suitable social, recreational and educational facilities would be ensured when the child entered school. A nursery for spastic children has recently been established at the Broadfield Road General Welfare Centre. 15 children attend—7 each Tuesday and 8 each Thursday. Their ages range from 2 to 11 years—the attendance of older age groups is due to the severity of the disability. The children are cared for by a Nursery Matron and two qualified Nursery Nurses. Transport is provided and a mid-day meal. It should be appreciated that this scheme is still in the experimental stage and it is hoped to gain valuable knowledge from this nursery. The parents appreciate the improvement in the child and the alleviation of strain for one day.

Employment.—It may be assumed that those who leave school at 16 years of age have benefited from their education and are capable of employment. Unfortunately, we have little information about the fate of the majority of spastics and many of our comments are based on limited knowledge (this is true of other handicapped persons). An officer who can link training schemes for disabled with industry might assist them to secure employment in their homes, in a sheltered workshop or, best of all, in open industry. Experience with other classes of handicapped persons during the past two years shows that it is possible to achieve good results. At the present time there are two adult spastics attending regularly at the Handicraft classes for the general group of handicapped persons.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

"...marvellously helped, till he was strong".—II Chronicles, 26, 15.

The Care and After-Care Service, instituted during 1948, in accordance with the requirements of the National Health Service Act, 1946, is concerned with the prevention of illness, the care of persons suffering from illness and the after-care of such persons.

The Service has grown steadily within the nature of the demands made on it and in anticipation of the requirements. It is not always easy to define the line of demarcation between the "after-care" services provided under Section 28 of the National Health Service Act, 1946, and the other welfare services, e.g., under the National Assistance Act, 1948, but this in itself may not be a bad thing. The services under the two Acts should not be separated into compartments, each specialising and working for its own ends, but welfare services should be regarded as a whole, each part being complementary to the other. For example, as a result of the development of the Welfare Services for Handicapped Persons (see page 123), increasing demands have been made upon the services provided under this heading. Handicapped persons notified to the department have been found to be in need of wheel chairs and other appliances, they or their relatives have been referred for convalescence and, in certain cases, rehousing has been arranged. On the other hand, persons requiring assistance under the National Health Service Act have been found to be in need of Welfare services provided under the National Assistance Act. In Sheffield, the Home Nursing Service, the Welfare Services for Handicapped Persons other than the Blind and the services under this heading are all administered by the same staff, thus ensuring the proper co-ordination of these three services and, in fact, for all practical purposes, these services have come to be regarded as one.

The Care and After-Care Service links up very closely with all the Social Services (both statutory and voluntary) and is now well established as a central co-ordinating and integrating factor, acting as a focal point for advice and assistance regarding the many problems that arise in association with ill-health and disability. A personal approach is made to the problems of each patient and a suitable relationship established. To this end, the patients and their families are encouraged to discuss their worries fully, in the confidence that the workers in the service are willing to appreciate the extent and effect of their difficulties.

It is in the preventive field that the local authority can make the most of the opportunities offered by recent legislation and, to ensure the proper development of this field, every effort is made to maintain the closest co-operation between the Hospitals, General Practitioners and the Department. The Health Visitor has an important part to play in the Care and After-Care Service. She is the social worker for the family and can, by advising the family on health matters, assist greatly in the prevention of illness, or if illness has unfortunately occurred she can help to minimise its effect upon the patient and his family. A liaison exists, through the Health Visitor, between the Care and After-Care Service and the almoners of the hospitals and other institutions and in addition, the Health Visitors and family doctors are associated in the care of patients in their own homes. Although there are difficulties, such as shortage of staff, to be overcome, every effort is being made to extend this association, as the promotion of health in the family depends upon it.

Increasing attention is being given to the problems of the aged and arrangements have been made for Health Visitors to call upon people who have difficulties due to the frailties of old age. In addition, Dr. Parker, the Medical Officer in the Care and After-Care Service, is in close contact with the Old People's Clubs and organisations dealing with the aged and the disabled in the City.

As regards the care of tuberculous persons, there is a close liaison between the Care and After-Care Service and the specialist Medical Officers engaged in the Tuberculosis Service, which ensures that there is an early visit made by a Health Visitor to the home of any person notified as suffering from tuberculosis and an easy exchange of information between the Department and the Chest Clinic. The Health Visitor, in association with the doctors, is able to give advice regarding measures to be taken for the protection of the family and the restoration to good health and rehabilitation of the patient. Any special need is reported and at once given attention.

Patients and their families are being assisted in such ways as the following :—

Tuberculosis.—The Health Visitors carry out the primary visiting of newly notified cases of tuberculosis, and reports on home conditions are supplied to the specialist medical officers of the Regional Hospital Board. In addition, all contacts of the patients are asked to attend the Chest Clinic or, in the case of infants, the Children's Hospital for examination. In the case of deaths of persons whose tuberculous disease was not notified during life, the cases are followed up by the Health Visitor and all contacts are asked to attend for examination. In co-operation with the Department of Child Health of the Sheffield University and the Children's Hospital, the Health Visitors visit the homes of tuberculous persons and apply a skin test to children up to three years of age who are contacts of the cases. The following table shows the number of contacts examined in relation to the number of cases notified during 1954 :—

| | |
|---|-------|
| No. of notified cases of tuberculosis | 586 |
| No. of contacts asked to attend for examination | 1,285 |
| No. of contacts who actually attended and were examined :— | |
| (i) at the Chest Clinic | 590* |
| (ii) at the Children's Hospital (infants under 3 years of age) .. | 241 |
| | 831 |

*Included in this figure were 308 contacts under 15 years of age, of whom 122 were given B.C.G. vaccination.

Following these primary visits the Health Visitors make periodic visits to the homes of patients and report to the Medical Officer of Health any special requirements of the patients for the appropriate action to be taken. Whenever it is thought advisable, the Health Visitors call at the Chest Clinic and discuss their cases with the medical and other staff. When required, a Health Visitor or a member of the staff of the Care and After-Care Service will visit a patient in sanatorium in order to assist him with any social problems that may have arisen, and generally place his mind at rest, particularly with regard to his natural concern for the welfare of his family, thereby helping him to accept whatever treatment is advised. Every effort is made to keep in touch with patients until such time as further supervision is no longer considered necessary.

Babies of tuberculous mothers are given B.C.G. vaccination and, where possible, arrangements are made for a suitable relative to take charge of the child for the necessary period of segregation. Where this is not possible, foster-parents are employed for the segregation period. These babies are closely supervised by the Superintendent and Deputy Superintendent Health Visitor.

During the year 1954, the Health Visitors made a total of 6,452 visits to the homes of tuberculosis patients as detailed in the statement below :—

Tuberculosis of Lungs :—

| | |
|---|-------|
| Visits to newly notified cases | 606 |
| Subsequent visits for general investigation | 5,264 |
| | 5,870 |

Other Forms of Tuberculosis :—

| | |
|---|--------------|
| Visits to newly notified cases | 100 |
| Subsequent visits for general investigation | 482 |
| | 582 |
| TOTAL | 6,452 |

Beds and bedding are loaned to necessitous infectious cases of Tuberculosis of the Lungs, in order that they may have a separate bed and, where possible, a separate bedroom. Details of the articles loaned during the year 1954 are as follows :—

64 Bedsteads ; 49 Mattresses ; 60 Mattress Covers ; 219 Sheets ; 140 Blankets ;
127 Pillows ; 128 Pillow Cases.

Where, as a result of consultation between the Health Visitor, Sanitary Inspector, the Care and After-Care Service and others involved, it is found to be desirable that a family in which there is an infectious case of Tuberculosis should be rehoused, efforts are made to provide suitable accommodation on the Corporation Estates, by arrangement between the Estates and Health Committees. As a result of the visits made by the Health Visitors to the homes of tuberculous

persons during the year 1954, there were 63 cases reported where the environmental conditions were unsatisfactory and rehousing of the patients was desirable. 40 families were rehoused during the year. Since the inception of this scheme, in the year 1928, 1,075 families have been rehoused on Corporation Estates. At 31st December, 1954, there were 464 families living on the Estates under these special arrangements, and there were 37 families who had been recommended for rehousing but who had not then been rehoused. In every case the Chest Physician is consulted regarding the desirability of rehousing a family and to ensure that the most urgent and deserving cases are dealt with.

Where tuberculous patients are able to take up employment, they are referred to the Disablement Rehabilitation Officer of the Ministry of Labour with a view to finding suitable work. During 1954, 170 patients were referred under this scheme. There is a Remploy factory for tuberculous men in Sheffield and at 31st December, 1954, there were 53 men employed at this factory.

Three men have been maintained throughout the year at Village Settlements (two at Papworth and the other at Sherwood) for the purpose of rehabilitation, and favourable reports regarding the progress of these patients have been received.

The National Assistance Board has given valuable co-operation and a close working arrangement exists between the Board's officers and the After-Care Service, each seeking the other's advice as required. The Board has been generous in making Exceptional Needs Grants to meet the urgent requirements of patients and their families, such as the purchase of new clothing, bedding, household utensils, decoration of the home, etc., which the family would otherwise be unable to afford.

Venereal Disease.—It has not been possible for a Health Visitor to be seconded for duty in connection with the Care and After-Care Service which deals with Venereal Disease, but special investigations are carried out when necessary, and the closest association is maintained between the clinics and the Public Health Department.

Other Illness (or illness generally).—In this field, the staff of Health Visitors is associated with the Care and After-Care Service and is playing an increasing part in the health education, not only of the patient, but of the whole family unit.

Arrangements exist whereby certain Health Visitors are attached to the Hospitals, the Chest Clinic and the Radium Centre as part of their work, with a view to providing an interchange of information regarding the environmental conditions of patients entering the various hospitals or attending other institutions, and also to obtain any relevant information regarding patients who are discharged and for whom the After-Care Service may be able to provide further assistance. Under this scheme, 593 cases were referred by the almoners and, as a result of reports made by the Health Visitors to the Service, much assistance has been given in dealing with the many social problems associated with ill-health. The results of the visits may be classified as follows :—

| Reason for Visit | Number of Visits | Result | | | |
|---|------------------|--------|--|-----|----|
| Home conditions or after-care of Adults on or before discharge from hospital. | 236 | (a) | Home conditions satisfactory ... | ... | 86 |
| | | (b) | Domestic Help arranged ... | ... | 78 |
| | | (c) | Home Nursing provided ... | ... | 25 |
| | | (d) | Nursing Equipment loaned ... | ... | 18 |
| | | (e) | Overcrowding reported ... | ... | 5 |
| | | (f) | Sanitary defects reported ... | ... | 20 |
| | | (g) | N.A.B. informed of needs ... | ... | 2 |
| | | (h) | Patient advised re diet... | ... | 2 |
| Home conditions or after-care of Children on or before discharge from hospital. | 115 | (a) | Home conditions satisfactory ... | ... | 74 |
| | | (b) | Sanitary defects reported ... | ... | 16 |
| | | (c) | Overcrowding reported ... | ... | 10 |
| | | (d) | Special advice given <i>re</i> care of child ... | ... | 15 |
| Home conditions of out-patients and " follow-up " of defaulters from Out-Patient Clinics. | 242 | (a) | Home conditions satisfactory ... | ... | 59 |
| | | (b) | Appointments made for re-attendance ... | ... | 57 |
| | | (c) | Domestic Help arranged ... | ... | 42 |
| | | (d) | Patient deceased ... | ... | 13 |
| | | (e) | Sanitary defects reported ... | ... | 10 |
| | | (f) | Overcrowding reported ... | ... | 5 |
| | | (g) | Under care of own doctor ... | ... | 8 |
| | | (h) | Admitted to hospital ... | ... | 7 |
| | | (i) | Home Nursing provided ... | ... | 20 |
| | | (j) | Convalescence arranged ... | ... | 5 |
| | | (k) | Nursing Equipment loaned ... | ... | 4 |
| | | (l) | N.A.B. informed of needs ... | ... | 2 |
| | | (m) | Referred to Social Care Department ... | ... | 1 |
| | | (n) | Left City ... | ... | 5 |
| | | (o) | Unable to trace patient ... | ... | 2 |
| | | (p) | Patient advised re diet... | ... | 2 |

The Almoners are given all the information regarding these visits.

Another pleasing feature has been the continued close association with the general practitioners. Apart from referring patients for convalescence, nursing equipment, etc., the assistance of the service has been sought in dealing with domestic problems that often arise when illness occurs in a household. It is felt that in this direction most valuable assistance can be given by the Care and After-Care Service.

Close liaison also exists with the Mental Health, Blind Welfare and Social Care Services and every assistance is given to the persons referred by these services. The blind, mental defectives and aged persons often present difficult problems but everything possible is done to satisfy their needs.

As previously mentioned, much attention has been given to the care of the aged. It is amongst the aged that the greatest number of disabilities occur and many requests for assistance are received from, or on behalf of, aged persons. A Health Visitor calls upon the old person and arrangements are made for any necessary help to be given. Generally, the old person is kept under friendly supervision by the Health Visitor, but in certain cases it has been found that the facilities for the care of an aged sick person at home were unsatisfactory, and through the kind co-operation of Dr. K. J. G. Milne, Medical Consultant at the Firvale Infirmary, and by agreement with the general practitioner, priority admissions to hospital have been arranged where necessary. During 1954, 1,391 visits were made by the Health Visitors to the homes of old people.

Accidents in the Home.—Increasing attention is being given to the prevention of accidents in the home. Arrangements have been made for the loan of fireguards by the Care and After-Care Service to aged people, the blind and other appropriate cases. 14 guards were loaned during the year.

In addition, various hospitals are providing particulars of children under five years of age who have received treatment for accidents, burns and scalds in the home (see page 84), and visits are made by the Health Visitors to advise regarding suitable preventive measures in order to avoid further accidents. Films dealing with accident prevention have frequently been included in programmes arranged by the department.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME.

This part of the Care and After-Care Service works in very close co-operation with the Home Nursing, Hospital and general practitioner services, and is greatly used by them.

The arrangements which have been made with the Sheffield Hospital Services Council, the Darnall and District Medical Aid Society and the British Red Cross Society, to act as agents of the Council for the loaning of articles of nursing equipment and apparatus from their stores of these requisites to patients who are being confined or nursed at home, continued throughout the year. The Council's own stocks of nursing requisites have been increased by direct purchases from time to time, and depots from which these articles may be loaned are established at the Care and After-Care Centre at Town Hall Chambers in Fargate, at Johnson Memorial Nurses' Home and the Princess Mary Nurses' Home, at the Firth Park and Manor Maternity and Child Welfare Centres, and at Norton Rectory.

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. The scheme operates on a basis of mutual assistance, centred around the Care and After-Care Centre, so that any depot in short supply of any articles can refer the applicant to the Central Office or other convenient centre and every effort is made to satisfy the applicant's requirements. It is usual for the depots to communicate by telephone before redirecting the applicant, thereby saving fruitless journeys. It has been found that this scheme works very well, and persons have been afforded the loan of articles without undue delay or trouble.

The following are particulars of nursing requisites loaned directly by the Council and by the voluntary organisations participating in this scheme, during the year 1954 :—

| REQUISITES LOANED DIRECTLY BY THE COUNCIL. | | | | | | | | | Number of articles loaned. |
|--|----|----|----|----|----|----|----|----|----------------------------|
| Articles. | | | | | | | | | |
| Air Cushions and Rings | .. | .. | .. | .. | .. | .. | .. | .. | 489 |
| Bed Boards | .. | .. | .. | .. | .. | .. | .. | .. | 23 |
| Bed Cages | .. | .. | .. | .. | .. | .. | .. | .. | 38 |
| Bed Pans | .. | .. | .. | .. | .. | .. | .. | .. | 350 |
| Bed Rests | .. | .. | .. | .. | .. | .. | .. | .. | 238 |
| Bed Tables | .. | .. | .. | .. | .. | .. | .. | .. | 11 |
| Commodes | .. | .. | .. | .. | .. | .. | .. | .. | 51 |
| Crutches | .. | .. | .. | .. | .. | .. | .. | .. | 77 |
| Crutches (Elbow) | .. | .. | .. | .. | .. | .. | .. | .. | 13 |
| Douche Cans | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| Dunlopillo Mattresses.. | .. | .. | .. | .. | .. | .. | .. | .. | 62 |
| Feeding Cups | .. | .. | .. | .. | .. | .. | .. | .. | 26 |
| Hot Water Bottles | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| Invalid Chairs | .. | .. | .. | .. | .. | .. | .. | .. | 143 |
| Rubber Sheets | .. | .. | .. | .. | .. | .. | .. | .. | 421 |
| Sorbo Cushions | .. | .. | .. | .. | .. | .. | .. | .. | 5 |
| Sputum Cups | .. | .. | .. | .. | .. | .. | .. | .. | 7 |
| Steam Kettles | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| Urinals (Male) | .. | .. | .. | .. | .. | .. | .. | .. | 117 |
| Urinals (Female) | .. | .. | .. | .. | .. | .. | .. | .. | 27 |
| Walking Sticks | .. | .. | .. | .. | .. | .. | .. | .. | 47 |
| Walking Sticks (Tripod) | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| Water and Air Beds | .. | .. | .. | .. | .. | .. | .. | .. | 19 |
| Water Pillows | .. | .. | .. | .. | .. | .. | .. | .. | 5 |
| TOTAL ARTICLES (loaned to 1,375 patients) | | | | | | | | | 2,178 |

REQUISITES LOANED BY VOLUNTARY AND OTHER ORGANISATIONS AS AGENTS OF THE COUNCIL.

| Articles. | | | | | | | | | Number of articles loaned. |
|------------------------|----|----|----|----|----|----|----|----|----------------------------|
| Air Cushions and Rings | .. | .. | .. | .. | .. | .. | .. | .. | 316 |
| Bed Cages | .. | .. | .. | .. | .. | .. | .. | .. | 15 |
| Bed Pans | .. | .. | .. | .. | .. | .. | .. | .. | 585 |
| Bed Rests | .. | .. | .. | .. | .. | .. | .. | .. | 228 |
| Bed Tables | .. | .. | .. | .. | .. | .. | .. | .. | 5 |
| Commodes | .. | .. | .. | .. | .. | .. | .. | .. | 5 |
| Crutches | .. | .. | .. | .. | .. | .. | .. | .. | 167 |
| Feeding Cups | .. | .. | .. | .. | .. | .. | .. | .. | 37 |
| Invalid Chairs | .. | .. | .. | .. | .. | .. | .. | .. | 76 |
| Rubber Sheets | .. | .. | .. | .. | .. | .. | .. | .. | 492 |
| Urinals (Male) | .. | .. | .. | .. | .. | .. | .. | .. | 159 |
| Urinals (Female) | .. | .. | .. | .. | .. | .. | .. | .. | 10 |
| Walking Stick | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Water and Air Beds | .. | .. | .. | .. | .. | .. | .. | .. | 19 |
| TOTAL ARTICLES | | | | | | | | | 2,115 |

Although the loan of bedsteads and bedding is primarily to assist in the segregation of tuberculous persons, such articles are loaned to other patients in order to effect their earlier discharge from hospital than would otherwise have been possible, or to overcome the necessity of admitting them to hospital. Thus hospital beds are released for other patients. In addition, beds and bedding are loaned where the home nurse has difficulty in caring for the patient in a double bed or where it is thought that a single bed is necessary for the well-being of the patient. During 1954, there were 18 cases assisted in order to free hospital beds and 30 cases where the home nurse requested the loan.

Where necessary, bedsteads with self-lifting attachments are loaned to patients being nursed at home in order to add to their independence, comfort and mobility. During 1954, six such beds were loaned. In addition, three adult size cots and one cardiac bed were loaned during the year.

CONVALESCENCE FACILITIES.

The arrangements for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over, continued throughout the year.

Six beds for males are reserved at the North Eastern Counties Friendly Societies' Convalescent Home at Grange-over-Sands ; the Hunstanton Convalescent Home has agreed to provide accommodation for up to six women and ten children, and the Charnwood Forest Convalescent Home has agreed to provide accommodation for up to ten children. In addition, arrangements have been made for patients to be admitted to other Convalescent Homes, especially those willing to take patients with special difficulties who would be disqualified from admission to most Homes. For example, most Convalescent Homes do not cater for patients requiring special diets, but it has been possible to arrange for such persons to stay at the Sheffield Works' Convalescent Association's Homes at Ashover (men) and Matlock (women).

In all cases, a recommendation of a doctor is required and all the circumstances are investigated by the Care and After-Care Service before a patient is admitted to a Convalescent Home. A scale of weekly charges is laid down, the amount payable being assessed in relation to the family income. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the Medical Officer of the Convalescent Home. Nine such extensions were granted during 1954.

In cases where patients may lack confidence about the journey to the Convalescent Home, efforts are made to introduce them to other patients travelling at the same time, in order that they may be of mutual assistance and their worries reduced to a minimum. When children are travelling to a Convalescent Home, arrangements are made, through the Care and After-Care Service, for them to be accompanied by suitable adult patients travelling at the same time. The parents of the children are introduced to the temporary guardians, in order that there should be no confusion and that parents may be satisfied as to their children's welfare during the journey : a member of the staff of the Care and After-Care Service is also present at the station to ensure that the arrangements for the care of the children are satisfactory. Requests have also been received from the almoners for arrangements to be made for adult patients to accompany children being sent convalescent by the hospitals. It has been possible to arrange this in every case.

During the year 1954, there were 146 cases in which convalescence facilities were provided, as compared with 177 in 1953. These admissions may be summarised as follows :—

| | M | F | Total |
|---|----|-----|-------|
| North Eastern Counties Friendly Societies' Convalescent Home, Grange-over-Sands | 11 | — | 11 |
| Hunstanton Convalescent Home | 2 | 8 | 10 |
| Rockfield Convalescent Home, St. Annes | — | 53 | 53 |
| Sheffield Works' Convalescent Association's Home (Matlock) .. | — | 3 | 3 |
| Sheffield Works' Convalescent Association's Home (Ashover) .. | 15 | — | 15 |
| Yorkshire Foresters' Convalescent Home, Bridlington | 8 | 31 | 39 |
| National Institute for the Blind Convalescent Home, Scarborough | 1 | — | 1 |
| National Institute for the Blind Convalescent Home, Harrogate | — | 1 | 1 |
| Spero Fund Convalescent Homes for the Tuberculous | 3 | — | 3 |
| Bolton and District Hospital Saturday Council's Convalescent Home, Southport | — | 5 | 5 |
| Bolton and District Hospital Saturday Council's Convalescent Home, Blackpool | 2 | — | 2 |
| Mental After-Care Association's Home, Cheam | — | 1 | 1 |
| Lowestoft Convalescent Home | — | 1 | 1 |
| Hillary Convalescent Home, Prestatyn | 1 | — | 1 |
| TOTALS | 43 | 103 | 146 |

The age-groups of the persons admitted to the Convalescent Homes were as follows :—

| | Under 1 year | 1—5 years | 15—25 years | 26—35 years | 36—45 years | 46—55 years | 56—60 years | 61—65 years | 66—70 years | 71—75 years | 76—80 years | Over 80 years | Totals (Sexes) |
|----------------------------|-----------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------------|-------------------|
| Males | — | 1 | 4 | 2 | 1 | 5 | 5 | 6 | 6 | 8 | 4 | 1 | 43 |
| Females | — | — | 2 | 8 | 5 | 16 | 16 | 8 | 18 | 21 | 8 | 1 | 103 |
| TOTALS (Age Groups) ... | — | 1 | 6 | 10 | 6 | 21 | 21 | 14 | 24 | 29 | 12 | 2 | 146 |

NOTE.—Children of school age are the responsibility of the School Health Service of the Education Committee.

Many men in the City contribute to the “ 1d. per week ” scheme of the Sheffield and District Convalescent and Hospital Services Council, thereby ensuring that they and their wives are eligible for free convalescence under that organisation’s scheme. Before patients are assessed by the Care and After-Care Service, it is ascertained as to whether they contribute to this or any similar scheme providing free convalescence, in order that patients may be spared unnecessary expense if they do so.

Satisfactory reports regarding the Convalescent Homes have been received from the great majority of patients upon their return to Sheffield, and they derived considerable benefit from their visits to the Homes.

Information is recorded with regard to Convalescent Homes other than those already mentioned, in order that their services, some of which are of a specialist nature, may be utilised if necessary.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

Arrangements for the vaccination by B.C.G. of children who have been exposed to the risk of infection from tuberculosis, especially babies born into tuberculous households, came into operation in October, 1949.

Particulars of contacts vaccinated are forwarded to the Medical Officer of Health and special “ follow-up ” visits are made by Health Visitors.

In co-operation with the Department of Child Health of the Sheffield University and the Children’s Hospital, the Health Visitors visit the homes of children up to the age of three years who have been in contact with a case of tuberculosis, in order to apply a skin test. The tests are carried out before vaccination, and only those who do not react to these tuberculin tests receive B.C.G. It is important to avoid contact with known sources of infection while tuberculin-testing and vaccination are being carried out, and arrangements are made for the segregation of the children to be vaccinated—for six weeks prior to the vaccination and six weeks thereafter—making a total period of three months.

In order to facilitate the segregation for this period, an appeal has been made for suitable women to offer their services as foster parents where it is not possible to admit the infectious case to a sanatorium or arrange for the child to be cared for by a relative. Recruitment of foster parents has proved to be very difficult and at 31st December, 1954, there was only one woman acting as such in this scheme. Prior to being accepted for this work arrangements are made for the foster parents, and all the inmates of their house, to be examined at the Chest Clinic and, if suitable in every way, they are thereafter supervised by the Superintendent Health Visitor, in conjunction with the Children’s Officer, whenever there is a child in their care. Where other arrangements cannot be made, the child may be admitted to a small private Residential Nursery. A scale of weekly charges to the parents for the maintenance of the child whilst it is boarded-out is laid down, the amount payable being in accordance with the family income.

In the year under report 12 children, as compared with 24 in 1953, were boarded-out with foster parents or at a Residential Nursery as follows :—

| | | | | | | | Number of Children |
|---------------------|----|----|----|----|----|----|-----------------------|
| Foster parents | .. | .. | .. | .. | .. | .. | 4 |
| Residential Nursery | .. | .. | .. | .. | .. | .. | 8 |
| | | | | | | | — |
| TOTAL | .. | .. | | | | | 12 |
| | | | | | | | == |

During 1954, 757 Sheffield children who were contacts of tuberculous cases were vaccinated with B.C.G. and 2,360 Sheffield children have received this treatment since the inception of the scheme.

The following statement shows the number of children vaccinated with B.C.G. since the inception of the scheme, according to age-groups :—

| YEAR | | | | AGE IN YEARS | | | | | | | | | | | | | | GRAND TOTALS | | | |
|---------------------|-----|-----|-----|--------------|-----|-----|----|-----|----|-----|----|-----|----|------|----|-------|----|-----------------|-----|-------|---|
| | | | | Under 1 | | 1—2 | | 2—3 | | 3—4 | | 4—5 | | 5—10 | | 10—15 | | | | TOTAL | |
| | | | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | | M | F |
| 1949 (from October) | ... | | | 13 | 11 | 4 | 5 | 3 | 5 | — | 2 | 2 | 4 | 2 | 5 | 1 | 2 | 25 | 34 | 59 | |
| 1950 | ... | ... | ... | 33 | 39 | 11 | 15 | 12 | 8 | 5 | 5 | 8 | 7 | 21 | 15 | 7 | 5 | 97 | 94 | 191 | |
| 1951 | ... | ... | ... | 61 | 65 | 25 | 21 | 26 | 22 | 13 | 19 | 18 | 13 | 67 | 52 | 19 | 20 | 229 | 212 | 441 | |
| 1952 | ... | ... | ... | 63 | 79 | 28 | 17 | 22 | 9 | 15 | 18 | 14 | 11 | 70 | 53 | 16 | 13 | 228 | 200 | 428 | |
| 1953 | ... | ... | ... | 112 | 103 | 18 | 21 | 19 | 12 | 15 | 12 | 11 | 6 | 74 | 46 | 15 | 20 | 264 | 220 | 484 | |
| 1954 | ... | ... | ... | 149 | 157 | 30 | 30 | 30 | 21 | 26 | 29 | 22 | 15 | 90 | 82 | 35 | 41 | 382 | 375 | 757 | |

MENTAL HEALTH SERVICES

by P. G. ROADS, M.D., D.P.H.,
Deputy Medical Officer of Health.

“ *The mind is the man.*”—Oliver Cromwell.

Administration.

(a) *Committee responsible for service.*

The proposals of the Sheffield City Council for carrying out their mental health duties under Sections 28 and 51 of the National Health Service Act were amended, with the approval of the Minister, in February, 1952, in order to provide additional training facilities for mental defectives in occupation centres. Their duties under the Mental Deficiency Acts and the Lunacy and Mental Treatment Acts are co-ordinated under the control of the Health Committee, which has appointed a Mental Health Sub-Committee to undertake the detailed administration of the service, and meets at monthly intervals. There are, in addition, two rotas from the Mental Health Sub-Committee who visit the existing Occupation Centres.

Lunacy and Mental Treatment Acts, 1890–1930.—During the year 1954, a total of 639 persons were admitted to mental hospitals and observation wards, an increase of 11 over the total of 628 admitted during 1953. The acute shortage of beds for mentally sick persons continues to be a source of considerable anxiety and, despite the increased use of psychiatric out-patient clinics and an intensification of home visiting by members of the Department’s staff, many seriously ill patients have had to wait an unduly long period before admission. During the year, 128 Reception Orders on patients detained in the observation wards at Fir Vale Infirmary lapsed as no beds were available for transfer to Middlewood Hospital. The following statement analyses the action taken in regard to the 639 patients admitted to hospital during the year :—

| | | | | | | | | |
|------|---|----|----|----|----|----|----|-------|
| I. | Patients suffering from mental illness and admitted to Fir Vale Infirmary | | | | | | | |
| | mental observation wards | .. | .. | .. | .. | .. | .. | 495 |
| II. | Patients admitted to Middlewood Hospital :— | | | | | | | |
| | (a) As voluntary patients | .. | .. | .. | .. | .. | .. | 117 |
| | (b) As temporary patients | .. | .. | .. | .. | .. | .. | — |
| | (c) On Urgency Orders | .. | .. | .. | .. | .. | .. | 1 |
| | | | | | | | | — |
| | | | | | | | | 118 |
| III. | Patients admitted to the sick wards of general hospitals | .. | .. | .. | | | | 26 |
| | | | | | | | | — |
| | | | | | | | | 639 |
| | | | | | | | | ===== |

The 495 cases shown in item I above were dealt with as follows :—

| | | | | | | | | |
|-----|---|----|----|----|----|----|--|-------|
| (a) | Certified and transferred to Middlewood Hospital | .. | .. | .. | .. | | | 228 |
| (b) | Admitted as voluntary patients to Middlewood Hospital | .. | .. | .. | .. | | | 45 |
| (c) | Admitted as temporary patients to Middlewood Hospital | .. | .. | .. | .. | | | 29 |
| (d) | Discharged following a period of observation | .. | .. | .. | .. | .. | | 187 |
| (e) | Died during the period of observation | .. | .. | .. | .. | .. | | 6 |
| | | | | | | | | — |
| | | | | | | | | 495 |
| | | | | | | | | ===== |

Many of the patients admitted to the observation wards of Fir Vale Infirmary and discharged without certification following a period of observation were senile cases, often living alone, whose confused and deluded state on admission frequently responded dramatically to rest, nursing care and simple medical treatment. It seems unfortunate that they should have had to spend even a short period in a mental observation ward and, with the co-operation of the hospital, as many of these cases as possible are being admitted to general sick wards in the first place so that their physical condition can be assessed and improved.

The general arrangements for admission of cases to hospitals for treatment and observation have continued, the Duly Authorised Officers making all arrangements for investigating the circumstances of patients referred by family doctors and others, and in the event of treatment being required, the Duly Authorised Officers take all appropriate steps. During the last few years, the after-care of patients discharged from mental hospitals has been intensified where required, and an arrangement is in operation whereby patients discharged from Middlewood Hospital and considered to be in need of after-care are notified to the Department. It seems probable that in many cases this friendly supervision following discharge has prevented a further mental breakdown and enabled the patient to readjust himself satisfactorily to life within the community.

Mental Deficiency Acts, 1913–1938.—The shortage of accommodation, which has already been noted with reference to patients suffering from mental illness, is equally, if not more, serious in regard to mental defectives. The number of urgent cases on the institutional waiting list rose during the year from 99 to 109, and there are in addition a considerable number of others who should properly be admitted to an institution owing to their aggressive, irresponsible and generally anti-social behaviour.

The provision of additional Day Occupation Centre accommodation has been actively pursued by the Committee, and during the year “ The Towers ”, Sandygate, was opened for use as a boys’ Occupation Centre.

During 1954, the Department’s staff of Mental Health Visitors was depleted by resignations and sickness, but in addition to the statutory supervision of defectives in their own homes, a considerable number of Court attendances was made, and home circumstance reports completed for various purposes. Efforts have also been made to find work for suitable cases, but there are obvious difficulties in placement.

The statistics of the Department’s work show that during 1954 a total of 76 cases of possible mental defect was referred to the Department, the majority (66 cases) being reported by the Education Committee, the remainder by family doctors, parents, health visitors, etc. The medical examination of 54 cases had been completed by the end of the year, and all were ascertained to be mental defectives as defined by the Mental Deficiency Acts. Of this number, three cases were admitted to institutions and the remainder placed under Statutory Supervision with appropriate recommendations for attendance at an Occupation Centre or admission to an institution at a later date.

The number of mental defectives under home supervision has continued to show a slight increase, as follows :—

| NUMBER OF CASES UNDER HOME SUPERVISION | | | |
|--|----|----|-------|
| Year | | | |
| | | | Total |
| | | | |
| 1946 | .. | .. | 1,106 |
| 1947 | .. | .. | 1,107 |
| 1948 | .. | .. | 1,026 |
| 1949 | .. | .. | 1,067 |
| 1950 | .. | .. | 1,114 |
| 1951 | .. | .. | 1,127 |
| 1952 | .. | .. | 1,148 |
| 1953 | .. | .. | 1,205 |
| 1954 | .. | .. | 1,248 |

During the year, the mental health visitors made 4,345 home visits, accompanied 128 defectives to and from institutions, were present at 218 medical examinations and attended Court in connection with 93 cases.

The following statement shows, by age group and defect the number of cases under statutory supervision who have defects additional to that of mental deficiency :—

Cases on Statutory Supervision who have Defects additional to Mental Deficiency

MALES

| Age Groups | Total under supervision | Defective Eyesight | Defect of Heart | Epilepsy | Deafness | Tuberculosis | “Spastics” | Cretins | Total with additional defects |
|---------------------|-------------------------|--------------------|-----------------|----------|----------|---------------|------------|---------|-------------------------------|
| 0–6 years | 57 | — | 1 | 1 | — | — | 1 | — | 3 |
| 7–15 years | 69 | 1 | — | 13 | — | 1 (Pulmonary) | 5 | — | 20 |
| 16 years and over | 478 | 6 | 3 | 14 | 7 | 2 (Pulmonary) | 11 | 3 | 46 |
| Totals— all ages | 604 | 7 | 4 | 28 | 7 | 3 | 17 | 3 | 69 |

There are also five male defectives over 16 years of age suffering from : Hip dislocation, sclerosis, hyperthyroidism, speech defect, and cleft palate.

FEMALES

| Age Groups | Total under supervision | Defective Eyesight | Defect of Heart | Epilepsy | Deafness | Tuberculosis | “Spastics” | Cretins | Total with additional defects |
|---------------------|-------------------------|--------------------|-----------------|----------|----------|---------------------------------|------------|---------|-------------------------------|
| 0–6 years | 40 | 1 | — | 2 | — | — | 1 | — | 4 |
| 7–15 years | 88 | — | 1 | 4 | 1 | 2 (1 T.B.hip 1 Pulmonary) | 6 | 1 | 15 |
| 16 years and over | 459 | 5 | 3 | 19 | 5 | 1 (Pulmonary) | 17 | 9 | 59 |
| Totals— all ages | 587 | 6 | 7 | 25 | 6 | 3 | 24 | 10 | 78 |

There are also one female defective aged 7 years who is under-developed and without fingers ; one aged 14 years who has kyphosis with lateral scoliosis, and two over 16 years suffering from nephritis and congenital syphilis.

Pitsmoor Road Occupation Centre.—The opening in June, 1954, of the new occupation centre at “ The Towers ”, Sandygate Road, freed the Pitsmoor Road premises for a complete and long needed reorganisation. One important factor for consideration was the admission of young children, especially girls, for whom no system of training had ever before been provided in the City. The opportunity was also taken to accommodate older girls, i.e. those over 16 years of age, and eventually it was found possible to arrange accommodation for the admission of 25 senior girls and 75 young children.

Staffing problems were dealt with before June, 1954, and the new members of the staff were appointed two or three months before the actual transfer so that they were, to some extent, ready for their new pupils.

56 adult males were transferred to “ The Towers ”, complete with all their existing equipment and staff and this operation was smoothly completed without any break in the reception of trainees. 25 boys remained at Pitsmoor Road and an immediate start was made in the admission of both young and senior girls. By the end of the year, 22 adult girls and 41 juniors (mostly girls) had been admitted, and 3 adults and 9 juniors had left: most of those who left were transferred to “ The Towers ” on reaching the age of 12 years. The net figure on the register at the end of the year was 76. Admissions are continuing.

At the time of the transfer opportunity was taken to make a thorough inspection of the condition of the building and a revision of the programme of activities. Certain recommendations regarding buildings were accepted by the Sub-Committee ; these included the renovation of the kitchen premises, the partitioning of one room, the renewal of much of the furniture, the improve-

ment of the natural lighting, a complete overhaul of the electrical system, and the installation of modern, smokeless, slow burning grates. In addition, it was decided to instal a small semi-commercial laundry with the object of training the older girls in laundry work, an occupation which seems, from experience, to be one in which girls can obtain satisfactory employment. It is hoped that the whole of this programme will be completed in 1955.

The experience of the new staff enables a greater variety of handicrafts to be taught, many of which had not been previously attempted. Three medium-sized hand looms were provided and are in constant use. An order for the continual supply of special dresses for the Maternity and Child Welfare Centre was commenced and is continuing, and in this connection some of the girls are learning to use sewing machines. Domestic work is being taught to all those thought suitable and instruction in embroidery, knitting and similar activities is progressing.

Since the larger number of young children have been admitted to the Centre it has been realised that children of this type seem very susceptible to the usual epidemic diseases such as influenza, with its accompanying disorders, and children's diseases such as measles. Because of this, the daily attendance tends to be less than the number of names on the register.

There is no doubt that the policy of reducing the size of the classes from 15 to 10 has had the most beneficial results, both for trainees and supervisors. It seems that a still further reduction in numbers of trainees per instructor might be considered at some future date.

In conclusion, it can be said that the centre had a most satisfactory period of consolidation and development during the months from June, 1954 to the end of the year, and that further developments are possible.

“ The Towers ” Occupation Centre.—The culminating point of three years' work was reached on September 10th, 1954, when this establishment was officially opened by the Right Honourable Iain MacLeod, Minister of Health.

Prior to this, in June, 1954, eight members of the teaching staff, fifty-six trainees and much equipment were transferred from the Pitsmoor Road Centre. All the work benches, storage bins, etc., which had been made in sections at Pitsmoor Road by the staff and trainees, were assembled in the new premises. The months between June and December were a time of growth, development, and experiment; plans were worked out for the running of the Centre, work-rooms were prepared, machinery was adjusted, catering services organised, and a start made in bringing the grounds, which had been completely neglected for years, into better order. Almost all this work was done by the trainees under the supervision of the teaching staff, the only domestic help being that given by a cook, an assistant, and a gardener-caretaker who is employed solely on outdoor work.

By the end of July, all sections were producing finished goods and articles were being prepared for the official opening on September 10th, 1954, and for the Open Day which followed on December 15th, 1954.

When the Minister, accompanied by the Lord Mayor, officially opened the Centre, he expressed his satisfaction. One pleasant incident was the presentation to the Minister of a scarf, woven in the MacLeod tartan, which had been made by one of the trainees.

Following this Opening, the trainees worked to produce saleable articles for the first Open Day, which parents and other interested people attended. Because of the new mechanical equipment it was possible to make and show a much wider variety of articles than had ever been made in the Occupation Centre before. These included household steps, bathroom stools, garden seats, travelling rns, scarves, dress materials and other woven fabrics, and many types of baskets, chain link fencing, and other products. Of these, goods to the value of £57 16s. 6d. were sold and many orders taken for future delivery. The sales from June 16th to December 31st, 1954, totalled £126 0s. 6d. and are increasing.

An improvement has been effected in the condition of the grounds. The woods were practically cleared of undergrowth and paths are in course of construction. One ambitious project is the completing of a stone retaining wall the whole length of the drive; this is arduous and slow and dependant on a somewhat erratic supply of suitable stone, but good progress has been made. An accumulation of chain link fencing and appropriate concrete posts for use on the property is in process.

By the end of the year there were 87 names on the register and the number is gradually being brought up to 100. Since the opening in June, three trainees have been found permanent employment at satisfactory wages.

The Christmas party was much enjoyed by the trainees.

Care and After-Care.—The scheme for care and after-care of patients discharged from Middlewood Hospital and the observation wards of Firvale Infirmary has steadily progressed and increased in scope, and 928 welfare visits were made to these patients during the year by the duly authorised officers. In many cases it is found that only one visit is necessary, but frequently visits are continued with the object of preventing a return to the hospital. Patients often have great difficulty in readjusting themselves to normal social life, especially after a prolonged stay in hospital, and these welfare visits play an important part in rehabilitation. As time passes, a happy relationship develops with the patients and relatives that is of great value.

Psychiatric Social Work.—During the year, 1,082 visits have been paid in connection with the community care of the psychiatric disabled. There have been 244 visits at the office (or in hospitals) of patients or relatives and 279 other interviews—that is to say with other social workers, doctors, Council officers, etc. The work carried out is partly preventative and partly after-care of voluntary mental hospital patients, and the interviews conducted at the office or home are usually of a protracted nature.

On September 1st a social worker was appointed to help the psychiatric social worker, who has been thereby able to enlarge the scope of her work to some extent.

The Psychiatric Social Worker is loaned by the City Council to the Psycho-therapeutic Clinic, held in the department on a sessional basis, at which Dr. Esher is the Psychiatrist. The work of this Clinic is almost entirely preventative and, therefore, of special value.

Parson Cross Welfare Centre.—Towards the end of the year an effort was made to take some of the lower grade mentally defective children under supervision and care for one day per week at Parson Cross General Welfare Centre, which has now been closed as a Day Nursery. It was felt desirable to give the mothers freedom for at least one day each week, and also to allow the children to have an opportunity of playing with others.

Eight to ten children attend and are subject to early training. The disadvantages of such infrequent attendances are obvious but there is no doubt that the mothers greatly appreciate the relief thus afforded, even if it is only for one day a week. This scheme has demonstrated the existing need for Occupation or Training Centres for younger defectives—even under five years of age—and that “ kindergarten ” centres open throughout the week would be extremely valuable.

When vacancies arise in the Pitsmoor Road Centre suitable children will, with the parents’ consent, be transferred thereto for full-time occupational training.

Staff engaged in the Mental Health Service.—As required by the Ministry of Health, details follow of the designation and qualifications of staff engaged in the Mental Health Service.

The Medical Officer of Health is responsible for the organisation and control of the service, the staff of the Department consisting of the following medical officers as required :—

| DESIGNATION | QUALIFICATIONS |
|--|------------------------|
| Medical Officer of Health | M.D., M.R.C.P., D.P.H. |
| Deputy Medical Officer of Health | M.D., D.P.H. |
| Visiting Medical Officer (Lunacy and Mental Treatment Acts) | M.A., M.D., F.R.C.P. |
| Visiting Medical Officer (Mental Deficiency Acts) | M.B., Ch.B. |
| Visiting Medical Officer (Regional Psychiatrist, Sheffield Regional Hospital Board) | M.B., Ch.B., D.P.M. |

The first two medical officers above are full-time employees of the Council, the last three attending on a sessional basis.

The non-medical staff are as follows :—

FIELD WORKERS

| | | |
|-----------------------------------|---|---|
| Psychiatric Social Worker | 1 | (Female) (Certificate of London University School of Economics) |
| Duly Authorised Officers (senior) | 3 | } (Male) |
| „ „ „ (junior) | 3 | |
| „ „ „ (trainee) | 1 | |
| Mental Deficiency Visitors | 6 | (3 Male, 3 Female) |

The posts of one Junior Assistant Duly Authorised Officer and one Mental Deficiency Visitor are vacant.

Three Mental Deficiency Visitors hold B.A. degrees in Social Science, the remainder having experience of mental deficiency visiting varying from 8 to 12 years. Two male Mental Deficiency Visitors are also qualified to act as Duly Authorised Officers in emergency, and although the female workers do not undertake this work alone, they frequently accompany the male officers where the presence of a woman is desirable or act as escorts to female patients. Each Mental Health Visitor supervises a separate district of the City and visitation is undertaken at least four times a year to cases under the Statutory Supervision of the Local Authority and those under guardianship. Where cases are temporarily residing in the City who are on licence from residential institutions, supervision is also effected.

OCCUPATION CENTRE STAFFS.

There are now two full-time Occupation Centres in the City. The original one, 259 Pitsmoor Road, is being adapted to serve the needs of 75 children and 25 adult girls. The new Centre, “The Towers,” Sandygate, has been equipped and staffed to accommodate 100 male trainees over the age of 12 years. The staff at 259 Pitsmoor Road is as follows :—

One Superintendent (R.M.P.A. certificate).

Two Supervisors (One with City & Guilds Certificate).

Five Assistant Supervisors (One with the National Association for Mental Health Diploma).

There is a vacancy for an Assistant Supervisor.

The staff at “The Towers” is as follows :—

One Superintendent (R.M.P.A. certificate).

One Deputy Superintendent (R.M.P.A. certificate).

One Assistant Superintendent.

Six Supervisors.

There is a vacancy for one Supervisor.

DISCHARGE OF ELDERLY PATIENTS FROM MENTAL HOSPITALS

By G. E. B. WHILLOCK (Administrative Officer, Mental Health Service)
and MISS I. LITTLEWOOD (Superintendent Health Visitor).

Increasing attention is being given to the care and welfare of persons over 65 years of age, especially where such persons are living alone and without close friends. A particular aspect of this problem is seen in the case of elderly patients who have been in mental hospitals for a considerable time—long enough to be considered as permanent residents. Difficulties which tend to reduce the chance of discharge seem to increase as the duration of the stay in hospital lengthens.

The protracted detention of older patients, often those whose condition has been stabilised, prevents the admission of patients to the hospital who need, and would greatly benefit by, immediate treatment. The present shortage of beds is now so marked that most mental hospitals have waiting lists of patients, some of whom most urgently need treatment. There is every indication that this shortage of beds will exist for a long time.

The discharge of selected stabilised patients into adequate care with satisfactory social surroundings would afford considerable relief to the existing pressure on bed space, and with adequate after-care would perhaps make the lives of those discharged fuller and more interesting.

An examination of the local position has been attempted and the following figures give some idea of the picture. Analyses have been made of two facets of the problems :—

- (i) “ Long term ” patients in Middlewood Hospital.
- (ii) “ Short term ” patients in Fir Vale Infirmary.

“ Long term ” patients are those who have been in Middlewood for two years or more, and “ short term ” patients are those who have been in Fir Vale Infirmary for short periods of observation pending a decision as to transfer to Middlewood Hospital. All the figures refer to persons over 65 years of age.

“ LONG TERM ” PATIENTS

The first step in the investigation was to attempt a series of exploratory visits to relatives of 48 “ long term ” patients selected at random from a list of 361 such patients submitted by Dr. F. T. Thorpe, the Medical Superintendent of Middlewood Hospital, whose interest and co-operation has been much appreciated. The names on the list were those of all the Sheffield patients over 65 in the hospital. The sex and age classification of these patients are as follows :—

TABLE A.—*Sheffield Patients over 65 years of age in Middlewood Hospital, Classified according to Sex and Age.*

| Sex | | | | 65—69 Years | 70—74 Years | 75—79 Years | 80—85 Years | 86—90 Years | Total |
|---------|----|----|----|----------------|----------------|----------------|----------------|----------------|-------|
| Males | .. | .. | .. | 44 (45·81%) | 31 (32·29%) | 13 (13·54%) | 8 (8·32%) | — | 96 |
| Females | .. | .. | .. | 73 (27·55%) | 81 (30·56%) | 69 (26·03%) | 32 (12·08%) | 10 (3·77%) | 265 |

Of the patients classified in Table A, 46 men and 118 women have been in hospital for 15 years or more. 18 women have been in 34 years, and 5 women and one man have been in for more than 50 years.

The 48 cases chosen for the exploratory visits consisted of 13 men and 35 women. These numbers are roughly in proportion to the 96 men and 265 women in the original list.

The results of these 48 visits are given in Table B.

The difficulties, in the way of discharge to relatives, disclosed in this connection seem to be :—

- (1) Relatives, in several instances, have completely lost touch with the patient.
- (2) Relatives feel that they themselves are getting too old to add to their own burdens by accepting responsibility.

Two patients were discharged—one woman 67 years of age to her own home, and one aged 83 years to the care of her daughter.

Consideration of the results of these two surveys leads one to the conclusion that it is extremely unlikely that relatives will be any more willing to help in the future than they have been in the past. With the lengthening of the period of hospitalisation there is a growth in the reluctance to accept these elderly patients back to their homes.

“ SHORT TERM ” PATIENTS

For purposes of comparison an examination has been made of all patients over 65 years of age, alleged to be of unsound mind, reported to the Department during 1954.

There were 136 in all. Such cases always present problems because the normal disabilities of age are frequently associated with mental disturbances. Application of the Lunacy Act, or removal to Middlewood Hospital, is avoided whenever possible and, when the duly authorised officer receives details, he explores every other method of disposal before finally admitting under the Lunacy Act.

Figures are given in Table E below, and it will be seen that 39% of the cases over 65 years of age during the year were dealt with other than by way of the Lunacy Act. 61% were admitted as “ short term ” patients for observation.

TABLE E.—Disposal of Cases Reported as of Unsound Mind during 1954—Persons over 65 years of age (“ Short term ” Patients).

| Category | Males | Females | Total |
|--|----------------|----------------|----------------|
| Cases over 65 years of age reported to Duly Authorised Officers | 47 | 89 | 136 |
| Admitted direct to infirm wards by Duly Authorised Officers | 9 (19·15%) | 8 (8·98%) | 17 (12·50%) |
| Referred back to Doctors by Duly Authorised Officers for admission to infirm wards | 16 (34·05%) | 20 (22·47%) | 36 (26·47%) |
| Admitted to Fir Vale under Section 20, Lunacy Act, 1890—see note | 22 (46·81%) | 61 (68·54%) | 83 (61·03%) |
| TOTALS | 47 | 89 | 136 |

NOTE.—Section 20 of the Lunacy Act empowers a duly authorised officer forthwith to admit any person, alleged to be of unsound mind, to designated premises pending further action under the Lunacy Act.

Table E shows that 83 persons over 65 years of age were finally dealt with as “ short term ” patients. The disposal of these cases is indicated in Table F.

TABLE F.—Disposal of 83 cases admitted to Fir Vale Infirmary by Duly Authorised Officers (Persons over 65 years).

Admissions to Observation Wards, classified by Sex and Age Groups.

| Sex | 65—69 Years | 70—74 Years | 75—79 Years | 80—85 Years | Totals |
|-----------------|----------------|----------------|----------------|----------------|--------|
| Males | 12 | 7 | 1 | 2 | 22 |
| Females | 24 | 27 | 7 | 3 | 61 |

Disposal of these Cases.

| Category | Males | Females | Total |
|---|---------------|----------------|----------------|
| (i) Transferred to Infirm Wards | 6 (27·28%) | 11 (18·03%) | 17 (20·48%) |
| (ii) Discharged from Lunacy Proceedings (returned home) | 8 (36·36%) | 14 (22·95%) | 22 (26·51%) |
| (iii) Admitted to Middlewood Hospital | 8 (36·36%) | 36 (59·01%) | 44 (53·01%) |

Sex and Age Distribution of Cases, classified according to Disposal Categories above.

| Sex | 65—69 Years | 70—74 Years | 75—79 Years | 80—85 Years | Totals |
|-------------------|----------------|----------------|----------------|----------------|--------|
| (i) Males | 1 | 4 | 1 | — | 6 } 17 |
| Females | — | 7 | 2 | 2 | 11 } |
| (ii) Males | 4 | 3 | — | 1 | 8 } 22 |
| Females | 4 | 8 | 2 | — | 14 } |
| (iii) Males | 6 | 1 | — | 1 | 8 } 44 |
| Females | 19 | 13 | 3 | 1 | 36 } |

Of the 17 cases transferred to the Infirm Wards from the Observation Wards, three men and six women died within a short period. Two men and one woman went home, and four men and one woman remain under care.

The significant points revealed here are as follows :—

- (1) Out of 47 men and 89 women over 65 years of age reported as mental cases during the year, only eight of the men and thirty-six of the women were finally admitted to Middlewood Hospital.
- (2) Among the senile cases showing signs of mental disturbance the females outnumbered the males by two to one.
- (3) Of the 39 “ short term ” cases not removed to Middlewood Hospital, 22 returned home immediately observation finished, and 17 remained in the Infirm Wards.

When a comparison is made between the possiblity of discharge of “ long term ” and “ short term ” cases it is noticed that, after considerable effort, only 5·8% of the “ long term ” cases suitable for discharge were actually discharged ; whereas of the “ short term ” patients, all those who were physically fit, and had not gone to Middlewood, were discharged.

The clear inference is that, if detention in a mental hospital is extended for more than a few months, the possibility of discharge to relatives becomes very remote.

The institutionalisation which must, to some degree, occur when patients remain for a long time in a mental hospital, tends to render patients increasingly unsuitable for direct re-absorption into the community. In the ultimate the patient becomes quite unfit for rehabilitation.

It is doubtful whether the most practical and sympathetic relatives could adequately restore these patients ; after a time the home circle has been reorganised and there would be a natural resistance to a further upheaval. The only hope for a satisfactory discharge of such patients would be the organisation of residential facilities, with mild supervision, by the Local Authority or the Regional Hospital Board. The obvious lesson is that the rehabilitation of these cases, as of all cases of sickness, should be an urgent item in their treatment ; indeed, the treatment should be geared to this end.

SANITARY ADMINISTRATION

*“ But keek thro’ ev’ry other man
Wi’ sharpen’d sly inspection.”—Burns.*

In the year 1954, the staff of Sanitary Inspectors made a total of 40,414 visits to, and inspections of, dwelling houses for the investigation and abatement of nuisances under the Public Health Act, 1936 ; a considerable proportion of these nuisances was brought to the notice of the Department by complaints of tenants. These visits and inspections related, in all, to 14,259 houses. Visits of investigation, in regard to infectious and other notifiable diseases and many other visits relating to the general sanitary administration of the City, were also made by the staff of Sanitary Inspectors during the year ; details of these visits are to be found in Table XXX within this section of the Report.

Infectious Disease—Investigation and Disinfection.—The Sanitary Inspectors made 6,470 visits of investigation during the year, at households where infectious or other notifiable diseases had occurred. In addition, 2,125 homes were visited by the staff of the Disinfecting Station for the purpose of carrying out disinfection at the houses on account of the occurrence of notifiable or other diseases. Beds and bedding, the patient’s clothing and other articles which had been in contact with the patient, were collected by the staff and taken away for disinfection by steam.

Treatment of Scabies.—Treatment of Scabies was provided in premises at the Disinfecting Station in Plum Lane. Whenever a case of Scabies is brought to the notice of the Department, every effort is made to induce all the members of the family to undergo treatment. 26 persons, including nine school children, attended for treatment during the year either as patients or as contacts. The number of persons treated for Scabies has steadily reduced since the peak year of 1942, when 5,729 persons were treated. In all instances, whilst the treatment is being given, the personal clothing is disinfected by steam. In addition, beds and bedding are collected from the homes and steam disinfected, and this was done in the case of nine families during 1954. After treatment, all cases are followed up by visits to the home by the Health Visitors.

Disinfestation.—The use of D.D.T. for the eradication of insect pests, a service which commenced in 1945, was continued during the year 1954. D.D.T. has proved to be very satisfactory for dealing with bugs, fleas, cockroaches, beetles, crickets, silverfish, steam flies, and other insects. The use of D.D.T. has largely replaced Cyanide, and has become the standard method for house disinfestation and for the disinfestation of premises generally. It has been found convenient, according to the circumstances, to apply the D.D.T. either by spraying, in the form of an emulsion, or by distributing it, through a mechanical blower, as a powder containing 10 per cent. of D.D.T. A charge is made to the occupiers of the premises for these services. 428 premises were disinfested with D.D.T. during the year 1954, as follows : 112 Corporation Houses ; 15 other Corporation premises, including Schools, etc. ; 286 private houses ; and 15 miscellaneous premises, such as shops, warehouses, works’ canteens, and hospitals, etc.

The use of Cyanide for disinfestation continued on a small scale until 31st May, 1954. 88 families were removed to Corporation Housing Estates up to that date, and their furniture and effects were disinfested by Cyanide in air-tight steel containers in order to eradicate bug infestation. The beds and bedding were treated by steam disinfestation.

Commencing on the 1st June, 1954, and in collaboration with the Housing Department, a new disinfestation policy was adopted. Removals of tenants of private houses into Corporation houses carried out by the Corporation in certain cases were discontinued, and tenants became responsible for their own removals. Up to 31st May, 1954, as already mentioned, Cyanide was used as well as D.D.T., but from that date treatment consisted wholly of D.D.T. in the form of emulsion or powder, this being found efficient for the purpose, less expensive and, of course, without the ever present danger as when Cyanide is used.

Cleansing of Verminous Persons.—70 persons attended at the Disinfecting Station during the year for treatment for the eradication of vermin. A special disinfesting bath and cleansing treatment were given in all these cases, and the personal clothing and bedding were disinfested.

The following statement shows the numbers of persons who attended at the Disinfecting Station for treatment during the previous five years.

| Year. | Persons who attended for Treatment. | | | | | | | | | |
|--------------|-------------------------------------|----|----|----|----|----|----|----|----|-----|
| 1949 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 61 |
| 1950 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 101 |
| 1951 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 164 |
| 1952 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 109 |
| 1953 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 73 |

Testing of Drainage Systems.—559 smoke tests and 1,211 colour tests were applied during the year to drainage systems which were suspected of being defective. In certain instances, the staff of the City Engineer's Department collaborated with the Sanitary Inspectors in these tests. Where drains were found to be defective, the Sanitary Inspectors supervised the works of repair or reconstruction. 589 water tests were applied to ascertain whether drains which had been relaid were satisfactory.

Closet Accommodation.—The schemes for the conversion of privies into water closets, for the provision of one water closet for each house in the City, and for the substitution of pail, trough and waste-water closets by pedestal water closets, virtually reached the completion stage some years ago. In the year 1954, four privies and one pail closet were converted into pedestal waterclosets. At the end of the year, 158 privies and 132 pail closets remained to be dealt with. These are isolated ones, situated mostly in semi-rural districts where it has not been practicable to provide water closets owing to the fact that sewers or water are not reasonably available.

Houses Let-in-Lodgings.—The Sanitary Inspectors, in collaboration with the Health Visitors, visited houses let-in-lodgings in the City periodically during the year, with a view to remedying defects which were found and ensuring that there was compliance with the bye-laws.

Factories.—The following table gives particulars of the inspections made during the year under Part I of the Factories Act, 1937, and an analysis of the defects which were found, with particulars of the action taken.

TABLE XXIX.—*Inspections under the Factories Acts, 1937 and 1948.*

1.—**Inspections** for purposes of provisions as to health.

| Premises (1) | Number on Register (2) | Number of | | |
|---|---------------------------------|--------------------|---------------------------|--------------------------------|
| | | Inspections (3) | Written notices (4) | Occupiers prosecuted (5) |
| (i) Factories WITHOUT MECHANICAL POWER in which Sections 1, 2, 3, 4 and 6 are to be enforced | 226 | 25 | 2 | — |
| (ii) Factories not included in (i) to which Section 7 applies :— | | | | |
| (a) WITHOUT MECHANICAL POWER, but enforcement of Sections 1, 2, 3, 4 and 6 by Local Authorities revoked by the Local Authorities (Transfer of Enforcement) Order, 1938.. .. . | 2 | 7 | — | — |
| (b) Others—i.e., factories WITH MECHANICAL POWER | 3,203 | 940 | 96 | — |
| (iii) Other Premises under the Act (excluding out-workers' premises) | 39 | 10 | 2 | — |
| TOTALS | 3,470 | 982 | 100 | — |

2. Cases in which defects were found.

| Particulars (1) | Number of cases in which defects were | | | | Number of cases in which prosecutions were instituted (6) |
|--|---------------------------------------|-----------------|---|-----------------------------|--|
| | Found (2) | Remedied (3) | Referred To H.M. Inspector (4) | By H.M. Inspector (5) | |
| Want of cleanliness (S.1) | 9 | 9 | — | 7 | — |
| Overcrowding (S.2) | — | — | — | — | — |
| Unreasonable temperature (S.3) .. | — | — | — | — | — |
| Inadequate ventilation (S.4) .. | — | — | — | — | — |
| Ineffective drainage of floors (S.6) .. | — | — | — | 1 | — |
| Sanitary Conveniences (S.7)— .. | | | | | |
| (a) Insufficient | 18 | 6 | — | 5 | — |
| (b) Unsuitable or defective .. | 89 | 57 | 1 | 55 | — |
| (c) Not separate for sexes | 3 | 1 | — | 2 | — |
| Other offences (not including offences relating to Homework) | 2 | 1 | — | 3 | — |
| TOTALS | 121 | 74 | 1 | 73 | — |

During the year 1954, no outworkers were notified under Part VIII of the Act, which relates to certain work carried out at home by outworkers.

Shops Act, 1950.—Section 38 of the Shops Act, 1950, concerns the health and comfort of employees in wholesale and retail shops and warehouses, or in connection with wholesale or retail trade or business. The section deals particularly with : the ventilation, heating and lighting of these premises ; the facilities for taking meals and for washing ; and the facilities as to sanitary conveniences. As a result of action taken under this section during the year, there were 17 instances where the owners of the premises, who were not complying in all respects with the provisions of Section 38, took the necessary remedial measures.

Preserved Food—Preparation or Manufacture.—During the year there were three new applications received for registration of premises under this heading, and registration was granted in each case.

Ice Cream—Sale, Manufacture, etc.—Premises which are used for these trades must be registered under Section 14 of the Food and Drugs Act, 1938. During the year 1954, in one case, premises were registered for the manufacture for sale of ice cream, and 62 premises were registered for the sale only of ice cream. Certain premises ceased to be used for the purpose for which they had been registered ; of these, eight had been used for the manufacture only of ice cream, 11 for the manufacture and sale of ice cream and four for the sale only of ice cream.

The Food and Drugs Acts, 1938 to 1950.

The Milk and Dairies Regulations, 1949 and 1950.

At 31st December, 1954, the total numbers on the Register were as follows :—

| | |
|---|-----|
| Milk Distributors residing inside the City | 899 |
| Milk Distributors residing outside the City | 37 |
| Dairy Premises | 90 |

During the year the following changes were recorded :—

| | |
|--|-----|
| Milk Distributors residing inside the City, new registrations | 155 |
| Milk Distributors residing inside the City who have ceased business and have been removed from the Register | 128 |
| Milk Distributors residing outside the City—new registration | 1 |
| Milk Distributors residing outside the City who have ceased business and have been removed from the Register | — |
| Dairy Premises removed from the Register | 1 |

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

At 31st December, 1954, the following licences had been granted for the year :

| | |
|--|-----|
| Dealers Pasteurisers' Licences | 5 |
| Dealers Sterilisers' Licence | 1 |
| Dealers Pasteurisers' Licence to pasteurise tuberculin tested milk .. | 4 |
| Licences to use the Special Designation " Pasteurised " | 295 |
| Licences to use the Special Designation " Sterilised " | 818 |
| Licences to use the Special Designation " Tuberculin tested " | 197 |
| Supplementary Licence to use the Special Designation " Pasteurised " .. | 62 |
| Supplementary Licence to use the Special Designation " Sterilised " .. | 4 |
| Supplementary Licence to use the Special Designation " Tuberculin tested " | 60 |

Fish Friers' Premises.—At the end of 1954, there were 400 fish friers' premises in the City. There were four new applications for registration during the year, and after investigation registration was granted in each case. Eight premises ceased to be used for fish frying.

Offensive Trades.—New bye-laws in connection with Offensive Trades came into operation on 1st October, 1950. There were nine premises on the Register of Offensive Trades at the end of the year ; these were : two for Rag Washing, two for Fat Melting and Tripe Boiling, and one each for Rag and Bone Dealing, Fat and Bone Collecting, Tripe Boiling, Bone Boiling and Tallow Melting. All these premises were periodically visited by the Sanitary Inspectors, to ensure that there was compliance with the bye-laws.

Rag Flock and Other Filling Materials Act, 1951.—This Act came into operation on 1st November, 1951. The purpose of the Act is to secure the use of clean filling materials in upholstery, bedding, toys, etc., by imposing controls at the following stages : (i) the manufacture of the filling material ; (ii) its storage ; (iii) its sales ; (iv) its use for filling upholstery, etc., and (v) the sale of the completed article.

Before the Act came into operation there were 21 premises in the City used chiefly as Upholsterers' and Bedding Manufacturers' establishments. There were no premises where rag flocks were manufactured.

Since the new Act became operative, 18 premises have been registered under Section 2 for the use of filling materials specified in the Act, but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Pet Animals Act, 1951.—The Act became operative on 1st April, 1952 ; it provides for a system of licensing and inspection by local authorities of pet shops, the main purpose being the enforcement of the Protection of Animals Acts in their application to the business of selling pets.

At 31st December, 1954, 38 licences had been granted and eight pet shops had ceased business. A total of 51 visits was made during the year by the Sanitary Inspectors.

Canal Boats.—There were no registrations of canal boats in the City during 1954. The Canal Boats Inspectors made 66 inspections of boats during the year, the object being to ensure that there was compliance with the requirements of the Public Health Act, 1936. There were altogether 125 persons living on board the boats at the time of the inspections, and these persons were in the following age groups : none in the group of children under five years ; two in the group of between five and 14 years ; and 123 over 14 years, of whom 119 were males and four females. The average number of occupants per boat was 1·89. Except during school holiday periods, a report is sent to the Director of Education whenever a boat is found to have a child of school age on board on arrival in the City.

11 infringements were found, relating to nine inspections of the boats. All necessary measures were taken in regard to these infringements, and it was not necessary to institute any legal proceedings during the year.

There were no cases of infectious disease upon any of the canal boats in the City, and it was not necessary to detain any boats for cleansing or disinfection.

Summary of Visits, etc., of Sanitary Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of Sanitary Inspectors in the year 1954 :—

TABLE XXX.—*Summary of the Work done by the Sanitary Inspectors during the year 1954.*

1. NUISANCES.

(a) **Dwelling-houses (not Condemned).**

| | | | | | | | |
|-----------------------|----|----|----|----|----|----|--------|
| No. found affected | .. | .. | .. | .. | .. | .. | 11,909 |
| No. of Initial Visits | .. | .. | .. | .. | .. | .. | 9,142 |
| No. of Re-inspections | .. | .. | .. | .. | .. | .. | 19,563 |
| No. where Abated | .. | .. | .. | .. | .. | .. | 7,221 |

(b) **Dwelling-houses (Condemned)**

| | | | | | | | |
|-----------------------|----|----|----|----|----|----|-------|
| No. found affected | .. | .. | .. | .. | .. | .. | 1,985 |
| No. of Initial Visits | .. | .. | .. | .. | .. | .. | 1,205 |
| No. of Re-inspections | .. | .. | .. | .. | .. | .. | 3,471 |
| No. where Abated | .. | .. | .. | .. | .. | .. | 1,503 |

(c) **Other Premises.**

| | | | | | | | |
|-----------------------|----|----|----|----|----|----|-----|
| No. found affected | .. | .. | .. | .. | .. | .. | 365 |
| No. of Initial Visits | .. | .. | .. | .. | .. | .. | 389 |
| No. of Re-inspections | .. | .. | .. | .. | .. | .. | 761 |
| No. where Abated | .. | .. | .. | .. | .. | .. | 208 |

(d) **Notices Served.**

| | | | | | | | |
|-----------|----|----|----|----|----|----|-------|
| Statutory | .. | .. | .. | .. | .. | .. | 2,822 |
| Informal | .. | .. | .. | .. | .. | .. | 6,703 |

2. NO. OF INTERVIEWS WITH OWNERS OR REPRESENTATIVES.. .. 1,974

3. DRAINAGE AND BUILDING WORK.

| | | | | | | | |
|---------------------------------|----|----|----|----|----|----|-------|
| (a) No. of Inspections | .. | .. | .. | .. | .. | .. | 5,036 |
| (b) No. of Smoke Tests applied | .. | .. | .. | .. | .. | .. | 559 |
| (c) No. of Water Tests applied | .. | .. | .. | .. | .. | .. | 589 |
| (d) No. of Colour Tests applied | .. | .. | .. | .. | .. | .. | 1,211 |

4. HOUSING.

| | | | | | | | |
|---|----|----|----|----|----|----|-------|
| (a) No. of Initial Inspections | .. | .. | .. | .. | .. | .. | 104 |
| (b) No. of Additional Inspections | .. | .. | .. | .. | .. | .. | 1,314 |
| (c) Visits <i>re</i> Improvement Grants | .. | .. | .. | .. | .. | .. | 312 |
| (d) Visits <i>re</i> Overcrowding | .. | .. | .. | .. | .. | .. | 593 |
| (e) New cases of Overcrowding found | .. | .. | .. | .. | .. | .. | 116 |
| (f) Visits <i>re</i> Certificates of Disrepair (from 30-8-54) | .. | .. | .. | .. | .. | .. | 287 |

5. FOOD PREMISES.

| | | | | | | | |
|---|----|----|----|----|----|----|-------|
| (a) Visits to Dairies | .. | .. | .. | .. | .. | .. | 90 |
| (b) Visits to Milk Distributors | .. | .. | .. | .. | .. | .. | 296 |
| (c) Visits to Ice Cream Manufacturers | .. | .. | .. | .. | .. | .. | 200 |
| (d) Visits to Ice Cream Retailers | .. | .. | .. | .. | .. | .. | 191 |
| (e) Visits to Fried Fish Shops | .. | .. | .. | .. | .. | .. | 343 |
| (f) Visits to Bakehouses | .. | .. | .. | .. | .. | .. | 363 |
| (g) Visits to Other Food Preparation Premises | .. | .. | .. | .. | .. | .. | 769 |
| (h) Visits to Food Salesshops | .. | .. | .. | .. | .. | .. | 1,118 |
| (i) Visits to Licensed Premises | .. | .. | .. | .. | .. | .. | 94 |

6. SHOPS.

| | | | | | | | |
|----------------------------|----|----|----|----|----|----|-----|
| Visits <i>re</i> Shops Act | .. | .. | .. | .. | .. | .. | 432 |
|----------------------------|----|----|----|----|----|----|-----|

7. VISITS *RE*. ZYMOTIC DISEASES 6,470

8. FOOD POISONING

| | | | | | | | |
|---------------------------------|----|----|----|----|----|----|-----|
| (a) No. of visits | .. | .. | .. | .. | .. | .. | 530 |
| (b) No. of food specimens taken | .. | .. | .. | .. | .. | .. | 23 |

| | | | | | | | |
|-----|--|----|----|----|----|----|-------|
| 9. | VISITS FOR OFFENSIVE TRADES | .. | .. | .. | .. | .. | 51 |
| 10. | VISITS RE. RAG, FLOCK AND OTHER FILLING MATERIALS ACT | .. | | | | | 9 |
| 11. | VISITS TO WORKPLACES | .. | .. | .. | .. | .. | 112 |
| 12. | VISITS RE. RATS AND MICE INFESTATION | .. | .. | .. | .. | | 260 |
| 13. | VISITS RE. VERMIN | | | | | | |
| | (a) Private Houses | .. | .. | .. | .. | .. | 2,868 |
| | (b) Corporation Houses | .. | .. | .. | .. | .. | 2,846 |
| | (c) Other Premises | .. | .. | .. | .. | .. | 80 |
| 14. | VISITS TO COMMON LODGING HOUSES | .. | .. | .. | .. | .. | 71 |
| 15. | VISITS TO HOUSES LET-IN-LODGINGS | .. | .. | .. | .. | .. | 23 |
| 16. | NO. OF DEPOSITED PLANS EXAMINED | .. | .. | .. | .. | .. | 2,278 |
| 17. | DISEASES OF ANIMALS ACTS | | | | | | |
| | (a) No. of visits | .. | .. | .. | .. | .. | 834 |
| | (b) No. of licences issued | .. | .. | .. | .. | .. | 70 |
| 18. | VISITS TO PET SHOPS | .. | .. | .. | .. | .. | 51 |
| 19. | NO. OF PROSECUTIONS TAKEN | .. | .. | .. | .. | .. | 14 |
| 20. | NO. OF ATTENDANCES AT COURT | .. | .. | .. | .. | .. | 42 |
| 21. | NO. OF MISCELLANEOUS LETTERS | .. | .. | .. | .. | .. | 3,383 |
| 22. | NO. OF MISCELLANEOUS VISITS | .. | .. | .. | .. | .. | 5,883 |
| 23. | RE. PROPERTIES ETC.—No. of Town Clerk's Property Enquiries dealt with | .. | .. | .. | .. | .. | 5,089 |
| 24. | PUBLIC HEALTH ACT, 1936—Section 23 | | | | | | |
| | (a) No. of Public Sewers cleansed | .. | .. | .. | .. | .. | 144 |
| | (b) No. of Houses affected | .. | .. | .. | .. | .. | 623 |
| 25. | VISITS RE. POULTRY PENS, FITTINGS AND RECEPTACLES (DISINFECTATION) ORDER, 1952 | .. | .. | .. | .. | .. | 101 |

“ He said, sir, the water itself was a good, healthy water.”—Shakespeare (2, Henry IV).

Water Supply.—“ The water supply provided by the Corporation to the City and District, and bulk supplies to outside Authorities, have been satisfactory both in quality and quantity. There was no curtailment at any time during the year.

All Sheffield's water comes from moorland gathering grounds within a radius of 15 miles of the City centre. It is filtered and chlorinated at the source, and requires the addition of lime to prevent plumbo-solvent action. The lime dosage ensures an average permanent hardness of 33 parts per million, and a total hardness of 48. The average pH value is 8.5.

The number of samples of drinking water examined in the laboratory bacteriologically during the year ended 31st December, 1954 was 2,466. Of this number, 2,433 (98.7 per cent) were free from coliform organisms in 100 mls, and 2,443 (99.1 per cent) were free from Bact. Coli type 1 (an organism whose natural habitat is the human or animal intestine and which is an indicator of excretal pollution of water), in 100 mls.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 1,112. Of these, 1,097 (98.7 per cent) were free from coliform organisms, and 1,103 (99.2 per cent) contained no Bact. Coli type 1 in 100 mls.

157 samples taken from consumers' taps were examined for lead. Of these, 138 (87.9 per cent) contained no lead. Of the 19 samples showing detectable traces of lead, 18 were from three taps. The quantity of lead found varied from very slight trace (less than 0.01 p.p.m.) up to 0.10 p.p.m. as Pb.

As a first line of defence, the Undertaking exercises sanitary control over the entire watershed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds.

At 31st March, 1954, the number of dwelling houses supplied direct was 171,087. No houses within the Sheffield area are supplied by standpipe. The population supplied direct was 541,943 and indirectly (via bulk supplies) 212,052. ”

The above report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued assistance and close co-operation have been much appreciated.

“ *But mice and rats and such small deer
Have been Tom’s food for seven long year.*”—(Shakespeare (King Lear).

Rodent Control.—The Rodent Control service commenced on 10th April, 1944, being instituted as the result of responsibilities which devolved upon the Public Health Department under the Infestation Order, 1943. The Service is now operating under the Prevention of Damage by Pests Act, 1949, which came into force on the 31st March, 1950.

There were eight Rodent Operatives employed in this service in 1954, and the service was in the charge of a Sanitary Inspector seconded to the position of Rodent Officer.

The services of the Rodent Operatives are made available upon application by the occupiers of infested premises, payment being upon a cost basis laid down by the Corporation. All premises in regard to which there are complaints of infestation by rats or mice are in the first instance visited by the staff of Sanitary Inspectors.

In the statement below are given the numbers of applications for the services of the Rodent Operatives which were dealt with in the years 1952 to 1954, together with the numbers of baiting points laid and the estimated numbers of rats and mice exterminated. The demand for these services has been maintained during 1954, and an increased number of baiting points continue to be laid.

| Services Rendered. | | | | | Year 1952 | Year 1953 | Year 1954 |
|---|--|--|--|--|--------------|--------------|--------------|
| Number of applications dealt with (Rat Infestation) .. | | | | | 664 | 690 | 654 |
| Number of applications dealt with (Mice Infestation) .. | | | | | 1,654 | 1,715 | 1,800 |
| Number of baiting points laid | | | | | 36,600 | 37,600 | 39,400 |
| Estimated number of rats exterminated | | | | | 9,500 | 8,800 | 7,900 |
| Estimated number of mice exterminated | | | | | 56,000 | 54,000 | 57,800 |

Sewer Disinfestation.—The scheme, which commenced on 7th May, 1945, for the disinfestation of the sewers, rivers and culverts of the City, continued in the year 1954. This work is undertaken by a staff of six operatives forming part of the Rodent Control service of the Public Health Department.

At the commencement of the scheme, in 1945, plans were formulated to deal initially with infestations in the central areas of the City and then to expand outwards so as to systematically treat the whole of the old built-up areas of the City.

The Ministry of Agriculture and Fisheries’ procedure regarding the methods of pre-baiting and poisoning is adhered to throughout in this work. The disinfestation of sewers comprises what is known as an initial treatment, followed by maintenance treatments of a similar kind at six-monthly intervals. The sewers in the outlying areas of the City, including the newer Corporation housing estates, receive a “ Pilot ” test annually ; that is to say, one in every ten sewer manholes is pre-baited, and those showing evidence of infestation are included in a full-scale treatment area.

The fourteenth maintenance treatment was completed during the year 1954, this being followed by a “ Pilot ” testing of the whole of the outlying areas of the City. In this test, which was applied at some 8,800 man-holes, only 17 “ takes ” were recorded. These small areas of infestation then received full-scale treatments. In addition, the fifteenth maintenance treatment was carried out during the year, and also part of the sixteenth maintenance treatment.

The number of man-holes baited and points laid in river culverts and on river banks during the year totalled more than 13,000 and the estimated number of rats killed totalled 19,770.

Arsenious oxide and zinc phosphide are still the standard poisons used in disinfestation work. Red squill is a useful substitute where extreme care is necessary against children or domestic animals. “ Antu ” (alpha-naphthyl-thio-urea) has been used in the more obstinate cases, but exceptionally high toxicity limits its use. The recently introduced “ Warfarin,” a blood anti-coagulant, has proved most efficient, especially in obstinate cases, and since it is the first “ direct ” poison introduced, that is, where pre-baiting and subsequent poison recovery is unnecessary, its use is still being greatly extended in both rat and mouse disinfestation work.

Details of work carried out during the year are given in the statements below.

COMPLETION OF FOURTEENTH MAINTENANCE TREATMENT—YEAR 1954.

| Areas treated | Number of manholes baited or points laid | Number of complete and partial “ takes ” recorded | Estimated number of rats killed |
|--------------------------------------|--|--|---------------------------------------|
| Sewer manholes | 1,767 | 206 | 1,900 |
| Four areas from “ Pilot ” test | 172 | 29 | 270 |
| TOTALS | 1,939 | 235 | 2,170 |

FIFTEENTH MAINTENANCE TREATMENT—YEAR 1954.

| Areas treated | Numbers of manholes baited or points laid | Numbers of complete and partial “ takes ” recorded | Estimated number of rats killed |
|---|---|---|---------------------------------------|
| Sewer manholes | 4,645 | 705 | 6,500 |
| Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook | 2,056 | 400 | 3,200 |
| TOTALS | 6,701 | 1,105 | 9,700 |

PART OF SIXTEENTH MAINTENANCE TREATMENT—YEAR 1954.

| Areas treated | Number of manholes baited or points laid | Number of complete and partial “ takes ” recorded | Estimated number of rats killed |
|---|--|--|---------------------------------------|
| Sewer manholes | 2,304 | 417 | 4,700 |
| Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook | 2,063 | 418 | 3,200 |
| TOTALS | 4,367 | 835 | 7,900 |

SMOKE ABATEMENT.

“... or like the Sons of Vulcan vomit smoke.”—Milton (Comus).

The Sheffield, Rotherham and District Smoke Abatement Committee, a Regional Committee with full statutory powers for Smoke Abatement, has responsibility in regard to the five administrative areas of the City of Sheffield, the County Borough of Rotherham, the Urban Districts of Rawmarsh and Stocksbridge, and Rotherham Rural District. This Committee is the only statutory committee of its kind in the country, other regional committees for smoke abatement acting only in an advisory capacity.

The activities of the Committee in the year 1954, so far as they relate to the City of Sheffield, are briefly outlined below :—

Action under the Public Health Act, 1936.—Systematic observation of the emission of smoke from all industrial chimneys is the only method at present available for tracing this type of atmospheric pollution to its source. Observation was continued throughout the year and some of the results of such work are as follows :—

| | | | |
|--|----|----|-------|
| Number of chimneys observed (half hour observations) | .. | .. | 5,320 |
| Number of minutes smoke emitted | .. | .. | 6,920 |
| Average minutes of smoke emission per half hour | .. | .. | 1·3 |
| Number of Abatement Notices served | .. | .. | 182 |
| Number of Intimation Notices served | .. | .. | 212 |
| Number of Advisory Visits | .. | .. | 459 |
| Number of complaints dealt with | .. | .. | 139 |
| Number of Prosecutions | .. | .. | 2 |

The above figures are lower in general than those of the previous year. Probably the most satisfactory feature is the continuing low average emission of smoke per half hour, though too much emphasis should not be placed on this average figure.

Sixteen cases of undue emission of smoke after the service of an Abatement Notice were reported. The follow-up observations on chimneys which have been emitting large volumes of smoke appear to show that firms are taking their responsibility for maintaining a clean atmosphere more seriously than in the past ; the good work done by the Inspectorate in this respect cannot always be shown statistically.

Complaints still remain at a high level, showing the slowly awakening concern felt by the population in regard to the hazards of air pollution.

Atmospheric Pollution.—The recording of atmospheric pollution, which has continued throughout the year, gives an overall picture, on a comparative basis, of the pollution both by solids and sulphurous gases of various areas in the City. The results obtained from the standard deposit gauge should not be compared over short periods ; only average figures over comparatively long periods give results of any value. Comparisons of five year periods are usually significant although a gross polluting agent might affect a gauge within a six-months period.

In the table which follows are given the averages of the monthly deposits of solid matter at three collecting stations in the five years 1950–1954, together with the highest monthly deposit at each station in those years.

TABLE XXXI.—Solid Matter deposited at three Sheffield Collecting stations during five years 1950–1954.

| YEAR | | | AMOUNT OF SOLID MATTER (IN TONS) DEPOSITED PER SQUARE MILE | | | | | |
|------|-----|-----|--|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|
| | | | ATTERCLIFFE | | SURREY STREET | | FULWOOD | |
| | | | Average Deposit per Month | Highest Monthly Deposit | Average Deposit per Month | Highest Monthly Deposit | Average Deposit per Month | Highest Monthly Deposit |
| 1950 | ... | ... | 35·83 | 52·96 | 23·85 | 38·11 | 11·31 | 19·20 |
| 1951 | ... | ... | 34·85 | 47·62 | 24·14 | 41·83 | 13·51 | 22·52 |
| 1952 | ... | ... | 36·09 | 47·97 | 23·97 | 35·35 | 12·42 | 18·74 |
| 1953 | ... | ... | 35·97 | 61·28 | 21·48 | 36·26 | 9·56 | 16·07 |
| 1954 | ... | ... | 40·28 | 69·54 | 24·93 | 45·51 | 12·73 | 18·74 |

The higher figures shown during 1954 are probably a result of the increased use of mechanical stoking and the still expanding industrial production. Another factor affecting pollution figures is the yearly rainfall. In considering the above five year period it will be seen that the lowest deposit figures are those for the year 1953, and coincide with the lowest annual rainfall for the period of 23·50 inches ; the high figures for 1954 might be set against the very high rainfall of 38·67 inches for that year. The average annual rainfall over a period of 70 years was 30·61 inches.

The table below summarises the monthly records of solid matter deposited per square mile in the year 1954 at the six stations at which there were gauges for the measurement of atmospheric pollution :—

TABLE XXXII.—*Solid matter deposited at the Sheffield Collecting Stations during the year 1954.*

| MONTH | | | | TONS PER SQUARE MILE | | | | | |
|-----------|-----|-----|-----|----------------------|---------|------------|------------------------|---------------|-------------------|
| | | | | Attercliffe | Fulwood | Firth Park | Wincobank Sewage Works | Surrey Street | Devonshire Street |
| January | ... | ... | ... | 52·33 | 14·38 | * | 18·19 | 28·78 | 26·72 |
| February | ... | ... | ... | 44·53 | 14·59 | * | 23·47 | 32·66 | 32·78 |
| March | ... | ... | ... | 69·54 | 11·31 | 18·16 | 17·92 | 45·51 | 31·70 |
| April | ... | ... | ... | 38·56 | 8·32 | 12·92 | 11·85 | 23·96 | 16·10 |
| May | ... | ... | ... | 39·16 | 14·63 | 22·30 | 20·64 | 27·11 | 32·51 |
| June | ... | ... | ... | 23·81 | 6·81 | 17·61 | 13·48 | 21·90 | 17·69 |
| July | ... | ... | ... | 36·42 | 6·81 | 10·95 | 16·36 | 15·40 | 10·58 |
| August | ... | ... | ... | 55·49 | 18·74 | 14·52 | 21·94 | 17·60 | 23·75 |
| September | ... | ... | ... | 24·34 | 10·20 | 12·27 | 23·47 | 18·62 | 13·34 |
| October | ... | ... | ... | 29·64 | 14·70 | 11·22 | 31·33 | 19·46 | 11·05 |
| November | ... | ... | ... | 41·44 | 16·68 | 15·78 | 26·52 | 25·46 | 22·71 |
| December | ... | ... | ... | 28·10 | 15·56 | 12·24 | 20·84 | 22·70 | 12·67 |
| TOTALS | ... | ... | ... | 483·36 | 152·73 | 147·97 | 246·01 | 299·16 | 251·60 |
| Averages | ... | ... | ... | 40·28 | 12·73 | 14·80 | 20·50 | 24·93 | 20·97 |

*Record not available.

Sulphur Determination.—Daily averages, which determine the quantity of sulphur in the atmosphere, were taken by the lead peroxide method at 13 stations during the year.

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area, as recorded during the five years 1950–1954 at seven stations, were as follows :—

TABLE XXXIII.—*Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years : 1950–54.*

| YEAR | | | | DAILY AVERAGE MILLIGRAMMES OF SO ₃ PER 100 SQUARE CENTIMETRES | | | | | | |
|------|-----|-----|-----|--|---------------|---------|------------|---------------|-----------|-------------------|
| | | | | Attercliffe | Bessemer Road | Fulwood | Firth Park | Surrey Street | Wincobank | Devonshire Street |
| 1950 | ... | ... | ... | 3·67 | 9·57 | 1·01 | 2·61 | 2·71 | 3·37 | 1·76 |
| 1951 | ... | ... | ... | 4·77 | 14·02 | 1·04 | 2·89 | 3·13 | 4·01 | 2·02 |
| 1952 | ... | ... | ... | 3·91 | 6·20 | 1·03 | 2·38 | 2·64 | 2·85 | 2·19 |
| 1953 | ... | ... | ... | 4·59 | 11·27 | 0·71 | 3·06 | 2·95 | 4·28 | 3·03 |
| 1954 | ... | ... | ... | 5·12 | 14·54 | 0·68 | 2·90 | 3·13 | 2·49 | 3·51 |

The general rise in the above figures for the year 1954 is almost certainly an indication of the increasing amount of fuel burned and/or the increasing amount of sulphur in the fuel.

Experimental work directed towards the removal of Sulphur Oxides from flue gases is being undertaken by a number of national research organisations, but no practical method has yet been evolved. It has been stated that the oil industry could produce extremely low Sulphur content fuels, but that there would be a considerable increase in the cost of fuel as a result.

The daily averages of the milligrammes of Sulphur per 100 square centimetres of area (this area refers to the surface area of the instrument) recorded in 1954 were as follows :—

TABLE XXXIV.—*Sulphur Determination by the Lead Peroxide Method at thirteen Stations during the year 1954.*

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY.

| Month | Atter-cliffe | Bernard Street, Park | Besse-mer Road | Devon-shire Street | Firth Park | Ful-wood | Jordon Locks | Limps-field Road | St. John's Vicarage | Sewage Works | Surrey Street | Tinsley | Winco-bank |
|--------------------|--------------|----------------------|----------------|--------------------|------------|----------|--------------|------------------|---------------------|--------------|---------------|---------|------------|
| January ... | 7·15 | 3·11 | 13·05 | 6·57 | 3·81 | 1·07 | 2·84 | 3·73 | 2·57 | 5·30 | 5·59 | 4·73 | 3·36 |
| February ... | 5·84 | 3·88 | 9·62 | 3·26 | 3·72 | 1·45 | 2·69 | 3·61 | 2·41 | 3·82 | 3·38 | 3·00 | 2·88 |
| March ... | 5·99 | 2·83 | 15·39 | 5·47 | 4·00 | 1·00 | 2·47 | 3·99 | 2·17 | 4·07 | 5·05 | 3·66 | 3·09 |
| April ... | 5·11 | 2·84 | 15·24 | 3·86 | 2·28 | 0·95 | 1·62 | 2·23 | 2·09 | 2·92 | 3·30 | 2·23 | 2·11 |
| May ... | 4·87 | 2·47 | 13·99 | 2·96 | 2·81 | 0·62 | 1·81 | 2·11 | 1·75 | 2·73 | 3·45 | 2·22 | 2·00 |
| June ... | 3·88 | 1·85 | 16·30 | 1·76 | 2·04 | 0·47 | 2·05 | 1·94 | 0·99 | 3·73 | 1·82 | 3·45 | 2·19 |
| July ... | 4·72 | 1·81 | 13·86 | 1·72 | 1·59 | 0·40 | 1·39 | 1·43 | 1·19 | 2·41 | 1·55 | 2·75 | 1·58 |
| August ... | 3·86 | 2·06 | 14·53 | 1·64 | 1·82 | 0·33 | 1·42 | 1·39 | 1·26 | 2·29 | 1·75 | 2·30 | 1·02 |
| September ... | 4·34 | 1·66 | 17·46 | 1·72 | 2·15 | 0·28 | 2·89 | 3·02 | 1·02 | 5·45 | 1·71 | 5·37 | 2·55 |
| October ... | 4·74 | 1·86 | 16·44 | 2·75 | 2·65 | 0·30 | 4·09 | 4·31 | 1·51 | 7·80 | 2·34 | 6·65 | 2·97 |
| November... | 6·20 | 2·90 | 14·48 | 5·40 | 3·80 | 0·50 | 3·90 | 5·20 | 2·21 | 4·61 | 3·90 | 4·60 | 2·90 |
| December ... | 4·70 | 3·00 | 14·10 | 5·00 | 4·10 | 0·85 | 3·50 | 3·60 | 1·71 | 5·50 | 3·70 | 6·81 | 3·25 |
| Totals ... | 61·40 | 30·27 | 174·46 | 42·11 | 34·77 | 8·22 | 30·67 | 36·56 | 20·88 | 50·63 | 37·54 | 47·77 | 29·90 |
| Monthly Average... | 5·12 | 2·52 | 14·54 | 3·51 | 2·90 | 0·68 | 2·56 | 3·05 | 1·74 | 4·22 | 3·13 | 3·98 | 2·49 |

The direct measurement of Smoke and Sulphur Dioxide, achieved by drawing a measured quantity of air through the Volumetric Apparatus, has been carried out at Surrey Street and Park County School ; the average figures being :—Surrey Street, smoke 0·29, sulphur dioxide 11·1 ; and Park County School, smoke 0·315, sulphurdioxide 8·7. The figures for smoke are expressed in milligrammes per 100 cubic metres, and for sulphur dioxide in parts per 100 million parts of air.

These figures suggest that, although more fuel is being burned in the vicinity of Surrey Street, the sulphur content of the air being higher, it is burned more smokelessly.

General Remarks.—The public is showing an increasing interest in the problems of smoke prevention, not only because smoke makes life less pleasant but also, more forcibly, because of its adverse effect on health. As a result, the work of the department is increasing and we are meeting a more critical public.

On the other hand, we are now more welcome, or at least shown less hostility, when we visit factories and works, both on our daily visits and when investigating complaints. Improve-ments to industrial plant are most noticeable in steam-raising equipment, where mechanical firing is displacing the old-fashioned and wasteful hand firing method which was in use throughout the City at one time. Such improvements as mechanical firing undoubtedly lower the overall smoke emissions from industrial chimneys, although their adoption tends to increase the amount of dust emitted.

Professor Thring of the Department of Fuel Technology, Sheffield University, has continued to direct research work on specific problems connected with Smoke Abatement. Such co-operation is of great value to the Department.

Government Committee on Air Pollution.—Probably the most important event of the year in connection with Smoke Abatement work was the publication of the final report of the above Committee, known generally as the “ Beaver Report ”.

In general, the Report recommends the following :—

1. That all existing legislation on smoke and smoke abatement be embodied in a new Clean Air Act.
2. That definite standards of permissible smoke emissions be laid down—with exemptions.
3. That new solid fuel burning furnaces of 10 ton/hour minimum be fitted with dust arresting appliances, the best practicable steps to be taken on other furnaces to arrest grit.
4. That Local Authorities be given power to declare Smokeless Zones and financial assistance be given for the conversion of grates.
5. Exemption from the proposed Clean Air Act of all metallurgical processes, power stations, gas works, etc., the control of such processes to be passed over to the Alkali Inspectorate.

Altogether there are 12 recommendations entailing legislation, and 15 other recommendations.

In regard to 3 above, this can only be described as a weak and hesitant step in the right direction. Apart from power stations, there are no known furnaces burning 10 tons of solid fuel or more per hour in the City.

Cupolas, converters, open hearths, etc., all of which produce much dust, are obviously excluded.

The “ best practicable means ” saver for other furnaces is not considered to be necessary.

No standards for dust emission are laid down or suggested.

In regard to 5 above, the recommendations that such processes be exempted from the proposed Clean Air Act is most unfortunate.

No standards for smoke or dust emission are laid down or suggested for these metallurgical, etc. processes, which so vitally affect the atmosphere of the City, and their exemption from the proposed Act implies that no progress towards smokeless combustion has been made since the Public Health Act of 1875, a demonstrably false conclusion.

The recommendation that a Central Inspecting Authority (the Alkali Inspectorate) should take over these processes will involve :—

- (a) A complete break between the local electorate and their representatives.
- (b) A slow learning process of local industry and local conditions by the Central Authority and the consequent scrapping of the knowledge and experience which has been built up locally through the years.
- (c) Inevitable diseconomy and confusion as a result of two bodies, Central and Local, working on the same job.

HOUSING

“ . . . and by understanding it is established :

And by knowledge shall the chambers be filled.”—Proverbs, 24. 3, 4.

Earlier Reports have commented upon the hold up in the progress of Housing and Slum Clearance since 1939, and it is therefore pleasant to record a renewal of action in this important aspect of Public Health. Nevertheless, the present Report only shows a continuation of the rather halting steps previously taken and the records are presented as such, but with the anticipation of an acceleration and hopes of better news in the future.

Certain information is recorded in this Report of action taken in regard to the demolition of dwelling-houses which took place in the year 1954—these being mostly condemned houses, the demolition of which had been delayed owing to the general housing shortage, but which had become in such a dangerous state, structurally, or from the health point of view, as to render their demolition an urgent matter. The last of the rehousing of displaced tenants under the Slum Clearance Scheme proper was in the year 1940, but in the year under review there were a few families who were transferred to houses on Corporation Estates from houses which had been scheduled for demolition prior to the War.

Demolition of Houses.—84 houses which were in Slum Clearance Areas were demolished or rendered unusable as dwelling-houses in the year 1954. There were also 11 individual unfit houses demolished during the year as a result of demolition orders.

Overcrowding.—It will be realised that, in the long period which has passed since the Official Survey of Overcrowding was undertaken as required by the provisions of the Housing Act, 1935, it has not been physically possible to keep abreast of all the movements of the population of the City so as to incorporate these into an up-to-date picture of the position in regard to overcrowding, and at best the information given here can only be an approximate figure. A reasonably accurate record of movements from and into Corporation houses either by new lettings, re-lettings, or mutual exchanges is kept, but obviously there must be a fairly large number of movements of sub-tenants and lodgers in and out of Corporation houses and private houses which are unknown to this Department. Further, mutual exchanges take place between tenants of private houses and this Department is not notified of these. It must, therefore, be emphasised that until another Official Survey is undertaken the information can only be approximate.

The following summary shows how information relating to overcrowding existing at 31st December, 1954, has been obtained during the period 1936–1954.

| Source of Information | No. of dwellings | No. of families | Equivalent No. of Persons |
|--|------------------|-----------------|---------------------------|
| Remaining of those discovered at 1936 Survey . . | 1,918 | 2,091 | 11,341 |
| Discovered by sanitary inspectors during normal course of duties and by personal complaint to the Department | 1,245 | 1,963 | 8,007 |
| TOTALS | 3,163 | 4,054 | 19,348 |

Erection of Dwelling-houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

1,646 new dwelling-houses were erected during the year 1954, and, in addition to this figure, 43 additional housing units were provided by the conversion of existing buildings into flats, or by new flats. The corresponding figures for the year 1953 were : 532 new dwelling-houses erected and 27 additional housing units provided. During the year, 704 new dwelling-houses and flats were erected on Corporation Estates outside the City Boundary.

The approximate total number of houses on the Rate Books at 31st December, 1954, was 156,614.

Inspection of Dwelling-houses.—All inspections of dwelling-houses for housing defects, under the Public Health or Housing Acts, are made by the staff of Sanitary Inspectors and 14,363 houses were inspected during the year 1954. 7,146 houses, at which there had been defects, were rendered fit during the year as a result of informal action taken by the Department. Notices were served under the Public Health Act, 1936, as regards 4,599 houses, requiring defects to be remedied.

The Housing Repairs and Rents Act, 1954.—This Act came into operation on the 30th August, 1954, and enables landlords whose property is in good condition to claim a repairs increase on the rent. If, however, the tenant feels that his dwelling-house is not in good condition and fit for occupation, even though perhaps the landlord has spent the necessary sums on repairs, the tenant may apply to the Local Authority for a Certificate of Disrepair. If the Local Authority issues a Certificate affirming the disrepair and the tenant serves a copy on the landlord, then the landlord cannot enforce the increase until the requirements of the Certificate have been complied with to the satisfaction of the Local Authority. As a result of this legislation, 175 applications have been received during the year for Certificates of Disrepair and of these 140 have been granted, six refused and 29 were still under consideration at the year end. In two cases the works necessary to put the houses into a condition reasonably suitable for human habitation have been carried out and, on the application of the landlord, the Local Authority, being satisfied, have authorised the revocation of the two Certificates.

Tables of Housing Statistics.—As a conclusion to this section of the Report there are given certain tables of Housing Statistics. These are Table XXXV, being general statistics in regard to Housing, and Tables XXXVI and XXXVII which relate to action which was taken under the Housing Acts in 1954 and in past years, in regard to unfit houses in clearance areas and individual unfit houses respectively. Although there has been comparatively little to add to these tables since 1939, they are reprinted in order to preserve the continuity of the Housing Records.

TABLE XXXV.—*Housing Statistics of the year 1954.*

| | |
|--|---------|
| 1. Inspection of dwelling-houses during the year :— | |
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 14,363 |
| (b) Number of Inspections made for the purpose | *12,154 |
| (2) (a) Number of dwelling-houses (included under (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 | — |
| (b) Number of Inspections made for the purpose | — |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 28 |
| (4) Number of dwelling-houses (exclusive of those referred to under (3) above) found not to be in all respects reasonably fit for human habitation | — |
| 2. Remedy of defects during the year without service of formal notices :— | |
| Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers | 7,146 |
| 3. Action under Statutory Powers during the year :— | |
| (a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :— | |
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | — |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices :— | |
| (a) By owners | — |
| (b) By local authority in default of owners | — |
| (b) Proceedings under Public Health Acts :— | |
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 4,599 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices :— | |
| (a) By owners | 1,786 |
| (b) By local authority in default of owners | 7 |
| (c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :— | |
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | 6 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | 11 |

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

| | | |
|--|---------|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | | — |
|--|---------|---|

| | | |
|---|---------|---|
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | | — |
|---|---------|---|

4. Housing Act, 1936—Part IV—Overcrowding :—

| | | |
|--|---------|-------|
| (a) (i) Number of dwellings overcrowded at the end of the year | | 3,163 |
|--|---------|-------|

| | | |
|--|---------|-------|
| (ii) Number of families dwelling therein | | 4,054 |
|--|---------|-------|

| | | |
|--|---------|--------|
| (iii) Number of persons dwelling therein (equivalent Number) | | 19,348 |
|--|---------|--------|

| | | |
|--|---------|-----|
| (b) Number of new cases of overcrowding reported during the year | | 134 |
|--|---------|-----|

| | | |
|--|---------|----|
| (c) (i) Number of cases of overcrowding relieved during the year | | 54 |
|--|---------|----|

| | | |
|--|---------|-----|
| (ii) Number of persons concerned in such cases (equivalent Number) | | 275 |
|--|---------|-----|

| | | |
|--|---------|---|
| (d) Particulars of any cases in which dwelling-houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding | | — |
|--|---------|---|

* A proportion of these inspections relates to visits to blocks of houses affected by nuisances.

TABLE XXXVI.—Housing Acts, 1930 and 1936.—Clearance Areas. Summary of Work Done.

| YEAR | OFFICIAL REPRESENTATIONS MADE BY THE MEDICAL OFFICER OF HEALTH | | PUBLIC INQUIRIES HELD BY MINISTRY OF HEALTH'S INSPECTORS | | | | | | VACATION OF HOUSES AND RE-HOUSING OF DISPLACED TENANTS | | | | No. of Houses Demolished or Abolished |
|-------------------------------------|--|------------------------|--|------------------------------|---|---|------------------------------------|---|--|--|--|-----------------------------|---------------------------------------|
| | No. of Areas involved | No. of Houses involved | No. of Areas for which Inquiries were held | Total No. of Houses involved | No. of Houses for which Orders were confirmed | No. of Houses changed from "Pink " to "Grey " on plan | No. of Houses Excluded from Orders | No. of Houses purchased by Corpora- tion for Demolition and for which Orders were rescinded | No. of Houses vacant when Orders made | No. of Houses from which displaced tenants were re-housed by the Corpora- tion | No. of Houses from which tenants found their own Accom- modation | Total No. of Houses vacated | |
| 1st Oct. 1930 to 31st Dec. 1939 ... | 623 | 22808 | 411 | 18309 | 16367 | 45 | 282 | 90 | 220 | 9472 | 676 | 10368 | 9441 |
| 1940 | — | — | — | — | — | — | — | — | — | 469 | 24 | 493 | 195 |
| 1941 | — | — | — | — | — | — | — | — | — | — | 873 | 873 | 591 |
| 1942 | — | — | — | — | — | — | — | — | — | — | — | — | 291 |
| 1943 | — | — | — | — | — | — | — | — | — | — | — | — | 67 |
| 1944 | — | — | — | — | — | — | — | — | — | — | — | — | 144 |
| 1945 | — | — | — | — | — | — | — | — | — | — | — | — | 349 |
| 1946 | — | — | — | — | — | — | — | — | — | 18 | — | 18 | 103 |
| 1947 | — | — | — | — | — | — | — | — | — | 36 | — | 36 | 53 |
| 1948 | — | — | — | — | — | — | — | — | — | 36 | — | 36 | 91 |
| 1949 | — | — | — | — | — | — | — | — | — | 29 | 3 | 32 | 57 |
| 1950 | — | — | — | — | — | — | — | — | — | 4 | 7 | 11 | 28 |
| 1951 | — | — | — | — | — | — | — | — | — | 11 | — | 11 | 14 |
| 1952 | — | — | — | — | — | — | — | — | — | 52 | 2 | 54 | 21 |
| 1953 | — | — | — | — | — | — | — | — | — | 68 | — | 68 | 60 |
| 1954 | — | — | — | — | — | — | — | — | — | 54 | 5 | 59 | 84 |
| TOTALS | 623 | 22808* | 411 | 18309 | 16367 | 45 | 282 | 90 | 220 | 10249 | 1590 | 12059 | 11589 |

NOTE :—(1) *47 of the houses originally represented in Clearance Areas have been taken out of the Areas and dealt with as individual unfit houses by way of demolition or closing orders, in view of their dangerous state.

(2) A number of houses from which tenants were rehoused in 1938 and 1939 have become re-occupied because of the acute housing shortage.

(3) A number of houses from which tenants have been rehoused have been re-let for a temporary period under Section 6 of the Housing Repairs and Rents Act, 1954.

Housing Act, 1930—Section 19.
TABLE XXXVII.—*Housing Act, 1936—Section 11.*
Local Govt. (Miscell. Provisions) Act, Section 11. } *Individual Unfit Houses. Summary of Work done.*

| YEAR | OFFICIAL REPRESENTATIONS MADE BY THE MEDICAL OFFICER OF HEALTH | | | | | | VACATION OF HOUSES AND REHOUSING OF DISPLACED PERSONS | | | | NUMBER OF HOUSES | | | REMARKS | |
|---------------------------------|--|------------------------|---|--|---|---|--|---|--|-----------------------------|---|--|--|---------|--|
| | No. of Properties involved | No. of Houses involved | No. of Houses for which Representations withdrawn | No. of Houses for which Demolition Orders made | No. of Houses for which Schemes accepted for converting to Works etc. | No. of Houses for which Closing Orders made under Section 11 of the Local Govt (Miscell. Provisions) Act 1953 | No. of Houses from which Tenants have been rehoused by the Corporation | No. of Houses from which Tenants have found own Accommodation | No. of Houses which were Vacant when Orders made or Schemes Accepted | Total No. of Houses Vacated | For which Schemes Completed for converting to Works, etc. | ABOLISHED OR DEMOLISHED | | | |
| | | | | | | | | | | | | In compliance with Demolition Orders or Closing Orders | After Representation but without Demolition Order being made | | TOTAL |
| 1st Oct. 1930 to 31st Dec. 1939 | 373 | 2033 | 19 | 1728x | 259 | — | 1620 | 193 | 63 | 1876 | 154 | 1631 | 22 | 1807 | Representations under Section 12 of the Housing Act, 1936, in regard to the closing of a small number of individual small dwellings, are additional to the figures included in this table. |
| 1940 | 1 | 12 | — | 12 | — | — | 17 | 3 | — | 20 | 5 | 18 | 3 | 26 | |
| 1941 | — | — | — | — | — | — | 20 | 17 | — | 37 | 1 | 4 | — | 5 | |
| 1942 | — | — | — | — | — | — | — | — | — | — | 2 | 2 | — | 4 | |
| 1943 | — | — | — | — | — | — | — | — | — | — | 3 | 5 | — | 8 | |
| 1944 | — | — | — | — | — | — | — | — | — | — | — | 4 | — | 4 | |
| 1945 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 1946 | — | — | — | — | — | — | 1 | — | — | 1 | 32 | 4 | — | 36 | |
| 1947 | — | — | — | — | — | — | — | — | — | — | 4 | 5 | — | 9 | |
| 1948 | 1 | 1 | — | 1 | — | — | 1 | — | 1 | 2 | 3 | 2 | — | 5 | |
| 1949 | — | — | — | — | — | — | — | — | — | — | — | 3 | — | 3 | |
| 1950 | — | — | — | — | — | — | 1 | — | — | 1 | — | 2 | — | 2 | |
| 1951 | 3 | 4 | — | 4 | — | — | 3 | — | — | 3 | — | 2 | — | 2 | |
| 1952 | 2 | 11 | — | 12 | — | — | 12 | — | — | 12 | — | 8 | — | 8 | |
| 1953 | 3 | 22 | 6 | 16 | — | — | 13 | — | — | 13 | — | 17 | — | 17 | |
| 1954 | 5 | 28 | — | 6 | — | 9 | 15 | — | — | 15 | — | 11 | — | 11 | |
| TOTALS | 388 | 2111 | 25 | 1778 | 259 | 9 | 1703 | 213 | 64 | 1980 | 204 | 1718 | 25 | 1947 | |

Representations under Section 12 of the Housing Act, 1936, in regard to the closing of a small number of individual unfit dwellings, are additional to the figures included in this table.

x In the case of one house of this total the demolition order was revoked and a Closing Order made instead under the Local Government (Miscellaneous Provisions) Act, 1953.

FOOD AND DRUGS

“ . . . food unto them that serve the City.”—Ezekiel. 48, 18.

GENERAL FOOD INSPECTION.

Food supplies at wholesale fish and fruit markets, wholesale and retail provision and food stores, and retail markets were inspected regularly and the Food Inspectors made 9,861 visits to these premises during the year. Full use was made of the Kitchen Waste Plant of the Cleansing Department and the Meat Digester Plant at the Corporation Abattoir, and all condemned food which was found to be suitable for conversion into animal feeding stuffs or fertilisers was treated by one or other of these plants. The remaining condemned food was removed to the Corporation Destructor and destroyed. Close supervision was exercised over the eight shops which retailed horseflesh in the City. All the horseflesh sold in the City had been passed as fit for human consumption and had been slaughtered at approved registered horse slaughterhouses. Regular visits were made to the one shop which retailed knacker's meat obtained from a knackery outside the City.

Visits made by the Food Inspectors.

| | | | | |
|---|----|----|----|-------|
| Visits to markets and wholesale food premises | .. | .. | .. | 8,593 |
| Visits to retail food shops .. | .. | .. | .. | 1,268 |
| Visits to horseflesh and knackers meat shops | .. | .. | .. | 582 |

TABLE XXXVIII.—General Food Inspection—Food condemned as unfit for human consumption during the year 1954.

| Description | Quantity | Tons | Cwts. | Qrs. | Lbs. | Description | Quantity | Tons | Cwts. | Qrs. | Lbs. |
|-----------------------------|-------------|------|-------|------|--------------------------------|-----------------------------|-------------|------|-------|------|--------------------------------|
| Canned Goods ... | 49,770 cans | — | — | — | — | Milk Powder (Skimmed) ... | — | — | 1 | — | — |
| Bacon and Ham | — | — | 15 | 3 | 27 | Mushrooms ... | — | — | 1 | 2 | 12 |
| Biscuits ... | — | — | — | 3 | 12 ³ / ₄ | Paprika ... | — | — | 1 | 2 | 8 |
| Bread, Cakes and Pastry ... | — | — | 10 | — | 16 ³ / ₄ | Pickles and Sauces ... | 661 jars | — | — | — | — |
| Butter ... | — | — | 4 | 2 | 13 ¹ / ₄ | Poultry and Game | — | 1 | 11 | 1 | 11 ¹ / ₄ |
| Cereals ... | — | — | 3 | 2 | 7 ¹ / ₂ | Preserves ... | — | 1 | 5 | 1 | 19 ¹ / ₄ |
| Cheese ... | — | 1 | 7 | 3 | 18 ¹ / ₂ | Puddings ... | — | — | — | 1 | 14 ¹ / ₄ |
| Chicken ... | 59 jars | — | — | — | — | Rabbits ... | — | 4 | 6 | — | 11 ³ / ₄ |
| Coconut (Desic'd) | — | — | 1 | — | 24 ¹ / ₄ | Rice ... | — | — | 1 | 1 | 26 |
| Coffee ... | — | — | — | 1 | 8 | Salad Cream ... | 82 jars | — | — | — | — |
| Cooking Fat ... | — | — | — | — | 16 ¹ / ₂ | Salmon Paste ... | — | — | — | — | ³ / ₄ |
| Cream ... | 85 jars | — | — | — | — | Salt ... | 150 packets | — | — | — | — |
| Custard Powder... | 33 packets | — | — | — | — | Salted Almonds... | 479 jars | — | — | — | — |
| Dessert Powder... | — | — | — | — | 1 ³ / ₄ | Shellfish ... | — | 3 | — | 2 | 12 ³ / ₄ |
| Dripping ... | — | — | 2 | 2 | — | Shellfish ... | 68 jars | — | — | — | — |
| Egg (Dried) ... | — | — | — | — | 27 | Soft Drinks ... | 21 bottles | — | — | — | — |
| Egg (Frozen) ... | — | — | 7 | — | 23 | Soft Drink Tablets | — | — | — | — | 26 |
| Eggs (Shell) ... | 3,490 | — | — | — | — | Soup ... | 152 packets | — | — | — | — |
| Fish ... | — | 10 | 17 | — | 12 ³ / ₄ | Soup Thickening | 36 bottles | — | — | — | — |
| Fishcakes ... | 485 | — | — | — | — | Sponge Pudding Mixture ... | — | — | — | 1 | 20 |
| Flour ... | — | — | 1 | 3 | 20 ¹ / ₄ | Sugar ... | — | — | — | 3 | 9 ¹ / ₄ |
| Fruit ... | — | 1 | 8 | 2 | 5 | Sweets and Confectionery... | — | — | 3 | — | 17 ¹ / ₄ |
| Fruit (Dried) ... | — | — | 13 | 1 | 6 ¹ / ₄ | Tea ... | — | — | — | — | 5 |
| Ground Almonds | — | — | — | — | 2 ¹ / ₄ | Vegetables ... | — | 3 | 18 | 2 | 1 ³ / ₄ |
| Jellies ... | — | — | — | 1 | 24 | Vegetables (Dried) | — | — | — | 1 | 16 |
| Margarine ... | — | — | — | 1 | 9 ¹ / ₂ | Yeast ... | — | — | — | — | 2 ¹ / ₂ |
| Marzipan ... | — | — | — | — | 20 | Sundry Articles... | 29 jars | — | — | — | — |
| Meat and Fish Paste ... | 104 jars | — | — | — | — | Sundry Articles... | 13 packets | — | — | — | — |
| Meat and Meat Products ... | — | 8 | 3 | 1 | 5 ³ / ₄ | | | | | | |

The total weight of food condemned and destroyed was 88 tons, 19 cwts., 2 qrs., 13³/₄lbs.

Meat Inspection.—Inspections were carried out at a private slaughterhouse as follows :—

| Number of pigs inspected | Weight of meat and offal condemned and surrendered | | | |
|--------------------------|--|-------|------|--------------------------------|
| | Tons | cwts. | qrs. | lbs. |
| 4,038 | 5 | 5 | — | 19 ¹ / ₂ |

(For statistical purposes the above figures are included in the table giving the total number of animals slaughtered for sale for human food, which appears on page 188 of this report).

SELF SUPPLIERS' PIGS.—88 pigs, which were slaughtered at private premises for consumption by their owners, were inspected and the details are as follows :—

| Number of pigs inspected | Passed Fit | Weight of meat and offal condemned and surrendered | | | |
|----------------------------|--------------------|---|-------|------|------|
| | | Tons | Cwts. | qrs. | lbs. |
| 88 | 79 | — | 1 | 1 | 16½ |

Total weight of all meat and offal condemned and surrendered as unfit for human consumption was 5 tons, 6 cwts., 2 qrs. and 8 lbs.

THE MILK SUPPLY.

“ There is no finer investment for any community than putting milk into babies.”

—Winston L. S. Churchill, 21.3.43.

The daily average consumption of milk in Sheffield during the year 1953 was 43,878 gallons. This represents 0·70 pints per head of population. In 1931, the daily average consumption of milk per head of population was only 0·34 pints ; in 1938 it had increased to 0·43 pints and it continued to show an upward trend until 1951, when the figure was 0·68 pints. In 1952 and 1953 consumption fell slightly to 0·66 pints and 0·67 pints respectively.

The minimum standard for genuine milk, as laid down by the Sale of Milk Regulations, 1939, is 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat. During the year, the average quality of the 583 samples of milk procured in the City under the Food and Drugs Act, 1938, was 3·68 per cent. milk fat and 8·75 per cent. milk solids other than milk fat.

It will be of interest to relate briefly the various steps taken by the Inspectorate of the Food and Drugs Section to control and safeguard the City's milk supply. Statistieal details of this work are given in the report of this Section's work. To ensure that the chemical quality of the milk sold in the City is up to standard, samples are taken daily from milk vendors as they deliver milk to the consumers' homes. Regular check samples are taken of the milk supplied by farmers to the pasteurising and sterilising dairies to ensure that this milk is up to standard. Where milk supplied by farmers is found to be unsatisfactory “ Appeal to Cows ” samples are taken at the producing farms. The milking of the cows is strictly supervised and the milk produced is sampled and examined. From such analyses it can be determined whether the deficiencies found in the milk are due to the poor quality of milk the cows are giving or to extraneous circumstances such as wilful adulteration or careless handling of the milk. The “ Appeal to Cows ” sample is a safeguard both to the genuine producer and the public. When such milk samples prove to be unsatisfactory, either because of the addition of water or the abstraction or deficiency of milk fat, legal action may be taken against the vendor. Milk samples are also taken for bacteriological examination to determine whether milk is infected with disease ; if milk has been pasteurised or sterilised, that is to say adequately treated with heat to destroy pathogenic organisms, routine samples are taken at frequent intervals to make sure that such milks have been processed in an efficient manner. All milks of special designation, namely : Pasteurised Milk, Tuberculin Tested Pasteurised Milk, Sterilised Milk, Tuberculin Tested Milk and Accredited Milk, are sold subject to licence and must comply with the requirements of the Milk (Special Designation) Regulations, and numerous samples are taken to ensure the purity of these milks.

FOOD AND DRUGS ACT, 1938.

It will be seen from the table which follows that, of the 1,001 formal and informal samples of milk and other food commodities which were taken during the year, there were 26 or 2·60 per cent., which proved to be unsatisfactory.

TABLE XXXIX.—Results of analyses of samples taken under the Food and Drugs Act, 1938, during the year 1954.

| Article Sampled | Total | FORMAL | | INFORMAL | |
|------------------------------------|-------|--------------|---------------------|--------------|---------------------|
| | | Satisfactory | Unsatis- factory | Satisfactory | Unsatis- factory |
| Milk | 583 | 522 | 6 | 55 | — |
| Aspirin Tablets | 1 | 1 | — | — | — |
| Baked Beans (Canned) | 1 | — | — | 1 | — |
| Baking Powder | 6 | — | — | 6 | — |
| Beef Paste | 1 | 1 | — | — | — |
| Beef Suet | 2 | 1 | — | 1 | — |
| Bemax | 1 | — | — | 1 | — |
| Butter | 40 | 33 | — | 7 | — |
| Butter Crunch | 1 | 1 | — | — | — |
| Butter Drops | 3 | — | 3 | — | — |
| Butter Ice Cream | 1 | — | — | 1 | — |
| Butter Scotch | 2 | 2 | — | — | — |
| Butter Tray Toffee | 1 | 1 | — | — | — |
| Candied Peel | 14 | — | — | 14 | — |
| Cheese Spread | 10 | — | — | 10 | — |
| Coffee | 4 | — | — | 4 | — |
| Coffee and Chicory Essence | 3 | — | — | 3 | — |
| Cooking Fat | 8 | — | — | 8 | — |
| Corned Mutton | 1 | — | — | 1 | — |
| Crab Paste | 1 | 1 | — | — | — |
| Cream | 10 | 9 | — | 1 | — |
| Cream Cheese... .. | 2 | 1 | 1 | — | — |
| Creamollies | 1 | — | — | 1 | — |
| Double Cream Cheese | 1 | — | — | 1 | — |
| Dried Egg | 1 | — | — | 1 | — |
| Dried Milk | 3 | — | — | 3 | — |
| Dripping | 3 | — | — | 1 | 2 |
| Dry Ginger Ale | 1 | — | — | 1 | — |
| Fishcakes | 8 | 8 | — | — | — |
| Fish Paste | 3 | 3 | — | — | — |
| Ginger Beer | 1 | 1 | — | — | — |
| Glace Cherries | 1 | — | — | 1 | — |
| Grapefruit (Drink) | 1 | 1 | — | — | — |
| Grapefruit (Raw) | 2 | — | — | 2 | — |
| Ground Almonds | 10 | 8 | — | 2 | — |
| Ground Almond Mixture | 1 | — | — | 1 | — |
| Hog's Fat | 1 | — | — | 1 | — |
| Ice Cream | 62 | 61 | 1 | — | — |
| Jam | 1 | — | — | 1 | — |
| Lard | 12 | 7 | — | 5 | — |
| Lemonade | 2 | 1 | — | 1 | — |
| Lemon Curd | 8 | — | — | 7 | 1 |
| Lemons | 1 | — | — | 1 | — |
| Lineade | 1 | — | — | 1 | — |
| Luncheon Meat (Canned) | 2 | — | — | 2 | — |
| Malt Vinegar | 8 | 2 | — | 6 | — |
| Margarine | 34 | 18 | — | 16 | — |
| Marzipan | 2 | — | — | 2 | — |
| Meat Paste | 2 | 2 | — | — | — |
| Mincemeat | 7 | — | — | 7 | — |
| Non-Brewed Condiment | 4 | 2 | — | 2 | — |
| Orange Crush | 1 | 1 | — | — | — |
| Orange Drinks | 6 | 3 | — | 3 | — |
| Oranges | 4 | — | 3 | 1 | — |
| Orange Squash | 2 | 2 | — | — | — |
| Pepsi-Cola | 1 | 1 | — | — | — |
| Potted Beef | 15 | 12 | 3 | — | — |
| Potted Beef Paste | 8 | 8 | — | — | — |
| Potted Meat | 7 | 3 | 4 | — | — |
| Potted Meat Paste | 7 | 7 | — | — | — |
| Processed Peas (Canned) | 3 | — | — | 3 | — |
| Rose Hip Syrup | 6 | — | — | 4 | 2 |
| Salad Cream | 1 | — | — | 1 | — |
| Salmon Paste | 2 | 2 | — | — | — |
| Sausages (Beef) | 7 | 7 | — | — | — |
| Sausages (Pork) | 33 | 33 | — | — | — |
| Self Raising Flour | 8 | 3 | — | 5 | — |
| Self Raising Flour with Egg | 1 | — | — | 1 | — |
| Sparkling Orange | 1 | — | — | 1 | — |
| Sponge Mixture | 1 | — | — | 1 | — |
| Sponge Pudding Mixture | 1 | — | — | 1 | — |
| Sweets | 1 | — | — | 1 | — |
| Table Jelly | 1 | — | — | 1 | — |
| Tart and Flan Mix | 1 | — | — | 1 | — |
| Tizer | 1 | — | — | 1 | — |
| Toffees | 1 | — | — | 1 | — |
| White Pepper | 1 | — | — | 1 | — |
| TOTALS | 1,001 | 769 | 21 | 206 | 5 |

The following statement gives particulars of the analysis of samples taken under the Food and Drugs Act, 1938, in the years 1939 to 1954 and shows, in regard to each year, the number of samples analysed and the number and percentage of the samples which were found to be unsatisfactory.

| Year | Total samples submitted | Unsatisfactory | Percentage unsatisfactory |
|------|-------------------------|----------------|---------------------------|
| 1939 | 1,264 | 56 | 4·43 |
| 1940 | 1,082 | 97 | 8·96 |
| 1941 | 1,064 | 117 | 10·98 |
| 1942 | 1,337 | 117 | 8·75 |
| 1943 | 1,228 | 117 | 9·53 |
| 1944 | 1,370 | 129 | 9·42 |
| 1945 | 1,341 | 97 | 7·23 |
| 1946 | 1,314 | 72 | 5·48 |
| 1947 | 827 | 71 | 8·59 |
| 1948 | 741 | 50 | 6·75 |
| 1949 | 1,183 | 144 | 12·17 |
| 1950 | 1,140 | 96 | 8·42 |
| 1951 | 1,125 | 74 | 6·57 |
| 1952 | 1,516 | 104 | 6·86 |
| 1953 | 1,304 | 65 | 4·98 |
| 1954 | 1,001 | 26 | 2·60 |

The decrease in the number of samples taken in the years 1947, 1948, 1953 and 1954 was due to the fact that the staff of Food and Drugs Inspectors was depleted, owing to the difficulty in replacing qualified staff who left the service. In 1952 it was possible for the first time to take the number of samples, namely, 3 per 1,000 of population, laid down as the desired minimum ; unfortunately staff shortages in 1953 and 1954 again reduced the number of samples taken.

During the year, in addition to the 1,001 samples of food submitted to the Public Analyst for analysis, the staff of Food and Drugs Inspectors similarly examined 80 samples of milk informally. The source of these latter samples was farmers' supplies to large pasteurising dairies and routine samples of milk retailed in the City. Where adulteration was detected the necessary formal follow-up samples were taken. In this way it was possible to bring successful proceedings against a dairy farmer whose milk was seriously deficient in milk fat.

Legal Proceedings.—The results of legal proceedings which were taken during the year for offences against the Food and Drugs Acts and which resulted in penalties totalling £43 19s. 0d. being imposed, are given in the following statement :—

| Offences. | Penalties imposed. £ s. d. |
|---|-------------------------------|
| Selling Milk deficient in milk fat | 8 8 0 |
| Selling Cream Cheese which was Margarine Cheese | 11 15 0 |
| Selling Butter Drops deficient in butter content | 8 17 0 |
| Selling a loaf of bread unfit for human consumption | 10 11 0 |
| Selling raw undesignated milk in a Specified Area | 4 8 0 |
| TOTAL | £43 19 0 |

The case concerning milk deficient in milk fat was in connection with a farmer's supply to a dairy company. The offence was detected by the routine checking by the Food and Drugs Staff of the milk received at the dairy.

The prosecution in relation to an unfit loaf of bread arose from the discovery inside the loaf of a finger dressing when the loaf was being cut by the purchaser.

In addition to cases taken to prosecution, warnings were given in five cases of milk fat deficiency, two of butter drops deficient in butter fat, one of ice cream deficient in fat, one of lemon curd deficient in soluble solids, three of oranges containing a prohibited preservative, three of potted beef and four of potted meat containing excess water, and two of rose hip syrup slightly deficient in Vitamin C content.

An unsatisfactory sample of Dripping resulted in 280 lbs. of that product being surrendered and condemned.

The stock of Rose Hip Syrup slightly deficient in Vitamin C content was 4–5 years old and was withdrawn from sale.

MILK AND DAIRIES REGULATIONS

The Presence of Tubercle Bacilli in Milk.—24 samples of raw designated milk were examined for the presence of tubercle bacilli and all were found to be non-tuberculous. This is the first time that the whole of the milk samples examined have returned negative results. During the period between the years 1931 to 1953 a total of 15,389 of milk samples were examined for the presence of tubercle bacilli and 1,313 or 8.53 per cent. of the samples were found to be tuberculous. The effect of making Sheffield a “ specification area ” on May 1st, 1953, has been to restrict the sales of milk in the City to the following designated milks :—Pasteurised, Sterilised, Tuberculin Tested and Accredited. The whole of the 24 samples examined during the year were raw designated milks.

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The Inspectors made 84 visits to dairy premises to secure compliance with the above Regulations.

Accredited Milk ceased to be a milk designation on September 30th, 1954.

It was necessary to take proceedings during the year against a milk producer who was detected selling raw undesignated milk in the City in contravention of the Milk (Special Designations) (Specified Areas) Order, 1953.

Milk of Special Designation.—The following table indicates the amount of milk of special designation sold daily in the City in 1954. The estimated daily average consumption of milk in the City during the year was 43,878 gallons, the whole of which was designated milk.

TABLE XL.—*Daily Sales of Designated Milk in the City during the year 1954.*

| Type of Designated Milk. | Number of gallons sold. | Percentage of City's total milk supply. |
|---|-------------------------|---|
| HEAT TREATED MILKS. | | |
| Pasteurised | 31,378 | 71·512 |
| Tuberculin Tested Milk Pasteurised | 9,118 | 20·780 |
| Sterilised Milk | 2,512 | 5·725 |
| TOTAL | <u>43,008</u> | <u>98·017</u> |
| RAW MILKS. | | |
| Tuberculin Tested | 814 | 1·855 |
| Accredited | 56 | 0·128 |
| TOTAL | <u>870</u> | <u>1·983</u> |
| TOTAL (all types) | 43,878 | 100·000 |

The Tuberculin Tested Milk sold in the City was wholly farm bottled and was delivered direct to the consumer from six farms in the City producing this type of milk. One of them produces Channel Island Tuberculin Tested Milk, which is sold with a guarantee that it has a minimum milk fat content of 4 per cent. Tuberculin Tested Milk produced on nineteen farms outside the City area is also sold in Sheffield.

The sales of Pasteurised Milk in the City have shown a steady increase each year, and there are at present in Sheffield three large modern pasteurising plants, all operating new “ High Temperature Short Time ” pasteurising machines. In addition, there is a small plant of this type at another dairy and one small “ Holder ” pasteurising plant. A small quantity of pasteurised milk brought into the City from outside is processed by the “ Holder ” method.

It is satisfactory to be able to record that the whole of the samples of Pasteurised Milk and Tuberculin Tested Pasteurised Milk which were examined during the year satisfied the Phosphatase and Methylene Blue Tests, indicating that the milk had been efficiently pasteurised and was also of good keeping quality.

Frequent checks are made of the supply of Tuberculin Tested Milk received by pasteurising dairies, to ensure that the milk is in fact received from Tuberculin Tested Milk producers and also to see that the quantities of this milk sold do not exceed the quantities received.

The sterilised milk sold in the City is processed at three plants, two of which are in districts outside Sheffield. The bulk of this milk is sold in grocers' shops and it will be seen that the bacteriological tests were all satisfactory.

The whole of the milk supplied to school children was pasteurised milk.

Reference must again be made to a trouble apparently inherent in the delivery of milk in glass bottles. Complaints are occasionally received of milk being delivered in dirty bottles, and in nearly every case it is proved that the milk bottle has been previously contaminated by the wilful misuse by a consumer. The automatic bottle washing plants in use in modern dairies will wash any ordinary dirty milk bottle, but residues of cement, oils, disinfectants and atmospheric grime due to exposure for long periods present a much more difficult problem, the only answer to which is the efficient scrutiny of every washed bottle as it emerges from the machine. If it were economically possible, the non-returnable container, such as the carton, has much to commend its use for milk sales. In the United States of America a transparent plastic milk container is being developed. Unfortunately the additional cost of cartons has prevented their adoption on a wide scale in this country.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated Milks during the year are given in the following statement :—

| Description of milk | | | | | Nature of test | No. of samples tested | No. of samples which were satisfactory |
|--------------------------------------|----|----|----|----|----------------|-----------------------|--|
| Pasteurised Milk | .. | .. | .. | .. | Methylene Blue | 220 | 220 |
| „ | „ | .. | .. | .. | Phosphatase | 221 | 221 |
| „ | „ | .. | .. | .. | Bacillus Coli | 221 | *208 |
| Tuberculin Tested Milk (Pasteurised) | .. | | | | Methylene Blue | 202 | 202 |
| „ | „ | | „ | .. | Phosphatase | 202 | 202 |
| „ | „ | | „ | .. | Bacillus Coli | 202 | *193 |
| Sterilised Milk | .. | .. | .. | .. | Turbidity | 41 | 41 |

* No Bacillus Coli in a millilitre of the milk.

ICE CREAM.

Bacteriological Examination.—55 samples of Ice Cream were submitted for bacteriological examination during the year.

The whole of the samples were subjected to the Provisional Methylene Blue Test for Ice Cream and the Bacillus Coli Test.

GENERAL SUMMARY.

| Total number of samples taken. | *Methylene Blue Test. | | | |
|--------------------------------|-----------------------|----------|----------|----------|
| | Grade 1. | Grade 2. | Grade 3. | Grade 4. |
| 55 | 32 | 17 | 6 | Nil |

* *Explanatory Note.*—In the provisional methylene blue test the grade classifications are as follows :—GRADES ONE and TWO—satisfactory. GRADE THREE—fair, capable of improvement. GRADE FOUR—unsatisfactory.

Bacillus Coli Test.

| Total number of samples | Satisfactory. | Unsatisfactory. |
|-------------------------|---------------|-----------------|
| 55 | *35 | 20 |

*No. B.Coli in one millilitre.

CLASSIFIED SUMMARY.

HEAT-TREATED ICE CREAM.

| Methylene Blue Test. | | | | Bacillus Coli Test | |
|----------------------|----------|----------|----------|--------------------|----------------|
| Grade 1. | Grade 2. | Grade 3. | Grade 4. | Satisfactory | Unsatisfactory |
| 23 | 17 | 6 | Nil | 28 | 18 |

COLD MIX ICE CREAM.

| Methylene Blue Test. | | | | Bacillus Coli Test. | |
|----------------------|----------|----------|----------|---------------------|----------------|
| Grade 1. | Grade 2. | Grade 3. | Grade 4. | Satisfactory | Unsatisfactory |
| 9 | Nil | Nil | Nil | 7 | 2 |

Chemical Analysis.—The standard of composition for ice cream is prescribed by the Food Standards (Ice Cream) Order, 1953. The fat content has to be 5 per cent., sugar content 10 per cent. and the milk solids content 7½ per cent.

During the year, 62 formal samples of ice cream were taken from vendors and submitted to the Public Analyst for analysis. The average fat content of these 62 samples was 8.55 per cent. and the fat contents of the samples varied from 4.83 per cent. to 13.37 per cent. 61 samples complied with the Food Standards Order and one sample, which contained only 4.83 per cent. of fat, failed to satisfy the standard. A warning was given to the manufacturer and subsequent samples taken were genuine.

BACTERIOLOGICAL EXAMINATION OF MISCELLANEOUS FOODS.

In addition to the bacteriological and chemical tests applied to milk sold as pasteurised or sterilised, the following samples of milk were examined :—

- 1 Tuberculin Tested Milk sample which failed the Methylene Blue Test.
- 6 Tuberculin Tested Milk samples were examined for haemolytic streptococci and gave negative results.
- 3 Milks were examined by the Phosphatase Test to establish that they were raw milk.
- 1 Food container was examined bacteriologically.

170 samples of miscellaneous foods were submitted for examination for food poisoning organisms, as detailed below :—

| Description of Food : | Number of samples submitted |
|--------------------------------|-----------------------------|
| Butter | 6 |
| Cream | 6 |
| Dried Milk | 2 |
| Frozen Egg | 16 |
| Garden Peas (Tinned) | 1 |
| Ice Cream | 1 |
| Ice Lollies | 6 |
| Luncheon Meat (Tinned) | 2 |
| Monkey Nuts | 1 |
| Mussels | 3 |
| Potted Meat | 7 |
| Sausages | 104 |
| Sausage Roll | 1 |
| Soft Drinks | 6 |
| Stew | 1 |
| Stewed Steak (Tinned) | 2 |
| Synthetic Cream | 5 |
| TOTAL | 170 |

MERCHANDISE MARKS ACT, 1926.

The various orders made under the above Act requiring the marking on exposure for sale of certain imported foodstuffs, including apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products and poultry were suspended in 1940 and came into force again in 1951, and Local Authorities have been asked to enforce the provisions of the Act and its orders. In connection with this work the Food Inspectors made 169 visits.

PHARMACY AND POISONS ACT, 1933.

| | | | | |
|---|----|----|----|-----|
| Premises on Local Authority's list of persons entitled to sell poisons included | | | | |
| in Part II of the Poisons List (at 31st December, 1954) | .. | .. | .. | 684 |
| Premises added to the list of persons during the year | .. | .. | .. | 81 |
| Number of routine visits and inspections in the year 1954 | .. | .. | .. | 125 |

AGRICULTURAL PRODUCE (GRADING AND MARKING) ACT, 1950.

Four visits were made to egg packing stations and cold storage depots in regard to the preservation of eggs.

THE HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1951.

Fumigation of Food Premises with Hydrogen Cyanide.—One flour mill was fumigated by Hydrogen Cyanide during the year. The fumigation was carried out to keep in check the infestation by grain pests which is endemic in all flour mills and associated warehouses.

Before releasing for use, the foodstuffs which were in the premises during the fumigation, five samples were taken of these foodstuffs and they were analysed to ensure their freedom from Hydrogen Cyanide. All the samples were satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year 8 informal samples (4 Fertilisers and 4 Feeding Stuffs) were taken. The samples were either satisfactory or substantially conformed to the requirements of the Act.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1954.

Visits.

Number of visits made by the Food Inspectors :—

| | | | | | | | |
|---|----|----|----|----|----|----|--------|
| To Markets and Food Premises | .. | .. | .. | .. | .. | .. | 9,861 |
| To Horseflesh and Knackers Meat Shops | .. | .. | .. | .. | .. | .. | 582 |
| Re Milk and Dairies Regulations | .. | .. | .. | .. | .. | .. | 84 |
| Re Merchandise Marks Act | .. | .. | .. | .. | .. | .. | 169 |
| Re Pharmacy and Poisons Act | .. | .. | .. | .. | .. | .. | 125 |
| Re Agricultural Produce (Grading and Marking) Act | .. | .. | .. | .. | .. | .. | 4 |
| | | | | | | | 10,825 |

Sampling.

Number of samples taken :—

| | | | | | | | |
|---|----|----|----|----|----|----|-------|
| Food and Drugs Act, 1938—for analysis by Public Analyst | .. | .. | | | | | 1,001 |
| Milk samples informally examined by Food and Drugs Inspectors | .. | | | | | | 80 |
| Raw Milk for examination for tuberculosis | .. | .. | .. | .. | .. | .. | 24 |
| Raw Milk for examination by Analyst for Phosphatase | .. | .. | .. | .. | .. | .. | 3 |
| Miscellaneous Milk samples for bacteriological examination | .. | .. | .. | .. | .. | .. | 7 |
| Food and food containers for bacteriological examination | .. | .. | .. | .. | .. | .. | 171 |
| Fertilisers and Feeding Stuffs Act—for analysis by Analyst | .. | .. | .. | .. | .. | .. | 8 |
| Ice Cream—for bacteriological examination | .. | .. | .. | .. | .. | .. | 55 |
| Hydrogen Cyanide Regulations—foodstuffs after fumigation | .. | .. | .. | .. | .. | .. | 5 |
| Designated Milk samples—for bacteriological examination :— | | | | | | | |
| Pasteurised | .. | .. | .. | .. | .. | .. | 221 |
| Tuberculin Tested Milk (Pasteurised) | .. | .. | .. | .. | .. | .. | 202 |
| Sterilised | .. | .. | .. | .. | .. | .. | 41 |
| | | | | | | | 464 |
| | | | | | | | 1,818 |

Meat Inspection.

| | | | | | | | | |
|--------------------------------|----|----|----|----|-------|-------|------|-------|
| Number of pigs inspected | .. | .. | .. | .. | .. | .. | .. | 4,126 |
| Weight of unfit meat condemned | .. | .. | .. | | Tons. | cwts. | qrs. | lbs. |
| | | | | | 5 | 6 | 2 | 8 |

Other Foods Inspection.

| | | | | | | | |
|--|----|----|----|----|----|---|------------------|
| Weight of unfit food condemned | .. | .. | .. | 88 | 19 | 2 | 13 $\frac{3}{4}$ |
| TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED | | | | 94 | 6 | — | 21 $\frac{3}{4}$ |

MEAT INSPECTION

By G. WHITELEY, M.S.I.A., M.R.San.I. (Superintendent Meat Inspector)

“ This is the law of the meat . . .”—Leviticus. 6, 14.

Private Slaughterhouses.—There are two private slaughterhouses in the City. One of these is used exclusively for the slaughter of pigs, and 4,038 pigs were slaughtered there in the year 1954. 21 carcasses, 173 part carcasses, and offal, representing a weight of 11,779½ lbs. from these pigs, were found to be unfit for human consumption and were condemned. At the other private slaughterhouse, which is the special Horse Slaughterhouse at the Corporation Abattoir, there were 639 horses slaughtered during the year. All were examined by the Meat Inspectors.

Corporation Abattoir.—The carcass of every animal which is slaughtered for food at the Corporation Abattoir is examined by a qualified meat inspector, and any carcass suspected of being diseased is taken to the Detention Room for a final inspection. Inspections are also made of the animals whilst they are in the lairages awaiting slaughter. Any which are suspected of being diseased are taken to an Isolation Slaughterhouse, where they are slaughtered and dressed in order that they may have no contact with the healthy animals. Animals slaughtered under the Tuberculosis Order, 1938, are kept under careful observation, and are also subject to careful examination. The Ministry of Agriculture and Fisheries are at once informed of any instance where an animal is suspected as suffering from a notifiable disease.

231,769 animals of all kinds were slaughtered and inspected at the Abattoir during the year, as against 196,380 in 1953, and 229,143 of them, as against 194,188 in 1953, were slaughtered by electrical or mechanical stunning. Oxen are stunned by captive bolt pistol, and calves, sheep and pigs by the use of electrically-charged stunning tongs. The table which follows gives details regarding all animals which were slaughtered and inspected in the City in the year 1954.

TABLE XLI.—Animals slaughtered and inspected in the City in the year 1954.

| Where Slaughtered | Oxen | Calves | Sheep and Lambs | Pigs | Horses | Total |
|-------------------------------------|--------|--------|-----------------|--------|--------|---------|
| Abattoir Main Slaughterhalls | 45,724 | 8,452 | 108,964 | 65,679 | — | 228,819 |
| Do. (Jewish Method) | 513 | 32 | 2,081 | — | — | 2,626 |
| Isolation Slaughterhall .. | 196 | 16 | 79 | 33 | — | 324 |
| Totals (Abattoir) | 46,433 | 8,500 | 111,124 | 65,712 | — | 231,769 |
| Totals (Private Slaughterhouses) .. | — | — | — | 4,038 | 639 | 4,677 |
| Grand Totals .. | 46,433 | 8,500 | 111,124 | 69,750 | 639 | 236,446 |

Of the 236,446 animals slaughtered and inspected in the City in the year 1954, there were 1,051 whole carcasses found to be in a diseased condition and condemned, and a further 33,192 carcasses, some part or organ of which was condemned. In the following table are given further particulars relating to carcasses which were condemned, and separate information is shown in regard to carcasses which were affected with Tuberculosis.

TABLE XLII.—Carcases Inspected and Carcasses Condemned in the City in the year 1954.

| Class of Animal | Oxen | Calves | Sheep and Lambs | Pigs | Horses | Total |
|--|--------|--------|-----------------|--------|--------|---------|
| Number killed and inspected | 46,433 | 8,500 | 111,124 | 69,750 | 639 | 236,446 |
| Affected with Tuberculosis— | | | | | | |
| Whole carcasses condemned .. | 381 | 16 | 1 | 35 | — | 433 |
| Carcasses of which some part or organ was condemned | 8,583 | 3 | 1 | 1,835 | — | 10,422 |
| Total affected with Tuberculosis .. | 8,964 | 19 | 2 | 1,870 | — | 10,855 |
| Percentage of number inspected affected with Tuberculosis | 19·30 | 0·22 | 0·00 | 2·68 | — | 4·59 |
| Affected with other diseases— | | | | | | |
| Whole carcasses condemned .. | 75 | 186 | 224 | 133 | — | 618 |
| Carcasses of which some part or organ was condemned .. | 11,931 | 21 | 5,469 | 5,224 | 125 | 22,770 |
| Total affected with diseases other than Tuberculosis | 12,006 | 207 | 5,693 | 5,357 | 125 | 23,388 |
| Percentage of number inspected affected with disease other than Tuberculosis | 25·85 | 2·43 | 5·12 | 7·68 | 19·56 | 9·89 |

TABLE XLIII.—Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1954.

| | | M E A T | | | | | | | | O F F A L S | | | | | | | | T O T A L S | | | |
|----------|-----|----------------------------|----|----|----|------------------------------|----|----|----|----------------------------|----|----|----|------------------------------|----|----|----|-------------|----|----|----|
| | | Affected with Tuberculosis | | | | Affected with other diseases | | | | Affected with Tuberculosis | | | | Affected with other diseases | | | | | | | |
| | | T. | C. | Q. | L. | T. | C. | Q. | L. | T. | C. | Q. | L. | T. | C. | Q. | L. | T. | C. | Q. | L. |
| Cattle | ... | 104 | 9 | 3 | 2 | 24 | 9 | 2 | 12 | 133 | 7 | 2 | 5 | 101 | 12 | 2 | 25 | 363 | 19 | 2 | 16 |
| Calves | ... | — | 5 | 2 | 5 | 3 | 2 | 2 | 27 | — | 3 | 1 | 23 | 1 | 18 | 2 | 14 | 5 | 10 | 1 | 13 |
| Sheep | ... | — | — | 3 | 14 | 6 | — | 1 | 26 | — | — | 1 | 18 | 7 | 16 | 1 | 19 | 13 | 18 | — | 21 |
| Pigs ... | ... | 10 | — | 1 | 16 | 12 | 3 | 2 | 1 | 5 | 1 | 3 | 5 | 15 | 4 | 3 | 14 | 42 | 10 | 2 | 8 |
| Horses | ... | — | — | — | — | — | 1 | — | 7 | — | — | — | — | — | 17 | — | 17 | — | 18 | — | 24 |
| TOTALS | ... | 114 | 16 | 2 | 9 | 45 | 17 | 1 | 17 | 138 | 13 | — | 23 | 127 | 9 | 3 | 5 | 426 | 16 | 3 | 26 |
| | | T—Tons. | | | | C—Cwts. | | | | Q—Qrs. | | | | L—Lbs. | | | | | | | |

Cysticercus Bovis.—A routine examination of all beasts slaughtered is made by incisions into the internal and external masseter muscles and into the pillars of the diaphragm. The surface of the heart and all exposed muscle surfaces are examined.

Any evidence of cysticercus bovis seen during this routine inspection results in a further examination of the carcase by incisions into the thick muscles, and, if necessary, cutting the carcase into smaller joints.

If no cysts are found in the carcase, it is put into cold storage for three weeks and then checked out for manufacturing purposes. If, however, the condition is found to be generalised, the whole carcase and all the offal are rejected and destroyed.

272 carcasses were found to be affected with cysticercus bovis.

By a local bye-law, introduced on 1st October, 1938, it is a requirement that all meat from animals killed outside the City and which is for sale for human consumption in Sheffield, excepting salted or frozen meat or meat bearing the official stamp of the Minister of Health, must be brought to the Sheffield Corporation Abattoir for inspection. Particulars of the meat which was so brought to the Abattoir in 1954 are as follows :—

| | | | | | Number | Weight | | | |
|-----------------|----|----|----|------------|--------|--------|-------|-------|------|
| PIGS— | | | | | | Tons. | Cwts. | Qtrs. | Lbs. |
| Carcases | .. | .. | .. | | 22,898 | — | — | — | — |
| Heads | .. | .. | .. | | 445½ | 2 | 6 | 2 | 13 |
| Plucks | .. | .. | .. | | 11,262 | 32 | 5 | 2 | 8 |
| Meat and Offals | .. | .. | | | — | 39 | 2 | 2 | 25 |
| Blood | .. | .. | .. | 52 gallons | | — | — | — | — |
| CATTLE— | | | | | | | | | |
| Carcases | .. | .. | .. | | 140 | — | — | — | — |
| Sides | .. | .. | .. | | 599 | — | — | — | — |
| Fores | .. | .. | .. | | 98 | — | — | — | — |
| Hinds | .. | .. | .. | | 62 | — | — | — | — |
| Meat and Offals | .. | .. | | | — | 27 | 8 | — | 7 |
| CALVES— | | | | | | | | | |
| Carcases | .. | .. | .. | | 91 | — | — | — | — |
| Meat | .. | .. | .. | | — | — | 12 | — | 9 |
| SHEEP— | | | | | | | | | |
| Carcases | .. | .. | .. | | 2,826 | — | — | — | — |
| Quarters | .. | .. | .. | | 27 | — | — | — | — |
| Fores | .. | .. | .. | | 5 | — | — | — | — |
| Hinds | .. | .. | .. | | 16 | — | — | — | — |
| Meat | .. | .. | .. | | — | 5 | — | 2 | 16 |

Of the above meat, inspected as required by the bye-laws, a total of 4 tons, 7 cwts, 1 qr., and 10 lbs. was found to be unfit for human consumption.

In addition, the total weight of meat imported from outside the country found unfit for human consumption was 12 tons, 8 cwts., and 7 lbs.

Diseases of Animals Acts (Non-Veterinary Functions).—The non-veterinary functions under the Diseases of Animals Acts are administered by the Local Authority, and the inspectors appointed for this purpose made 834 visits during the year 1954. Information is given below under the main headings of this work :—

Regulation of Movement of Swine Orders.—The major provisions of these Orders are that all swine which are exposed for sale at markets are to be subject to detention and isolation for a period of twenty-eight days after leaving the market. Licences to move the swine are issued at the Sheffield Corporation Abattoir and at Wadsley Bridge Live Stock Market, and there was systematic visiting to ensure that the provisions of the Orders were observed.

Transit of Animals Orders.—Cleansing and disinfecting of road vehicles used for the transporting of animals to the Corporation Abattoir and to and from Wadsley Bridge Live Stock Market is undertaken by the Corporation, at a small charge to cover expenses. 1,003 vehicles were cleansed and disinfected at the Abattoir during 1954.

Swine Fever.—In cases of Swine Fever, it is the duty of the Local Authority to arrange for the disposal of the carcasses of infected pigs, to notify the Ministry of Agriculture and Fisheries and also to carry out the necessary disinfection of all sties or premises which have housed the diseased animals. There were 11 suspected cases and, on further investigation, seven cases were confirmed.

Tuberculosis Order, 1938.—The Local Authority is required to supervise the disinfection of the stalls or standings in which there have been cattle affected with Tuberculosis, and 29 cattle were slaughtered in the Isolation Slaughterhouse at the Corporation Abattoir, under the provisions of this Order. Disinfection was in all cases carried out satisfactorily during the year.

Foot and Mouth Disease.—Licences were issued for movements to Slaughterhouses in other Infected Areas in accordance with the Modification of Article 6 of the Foot and Mouth Disease Order, 1928.

There were no outbreaks of Foot and Mouth Disease in the City during the year, and at no time during 1954 was the City within the Infected Areas.

Anthrax Order, 1938.—There were five cases of Suspected Anthrax reported, four at the Abattoir and one within the City, during the year. All were reported to the Ministry of Agriculture and Fisheries, but were not confirmed.

HEALTH EDUCATION

“*Look to your health.*”—Izaak Walton.

Health Education in general was carried out throughout the year by all the members of the staff who are in contact with the general public. To the health visitor, education in the care of health is a routine duty, both in the clinic and when visiting the home regarding the care of the child. The sanitary inspector is continually in touch with the homes of the people, and health education is also carried out during the course of their work by home nurses, midwives, etc.

Members of the staff gave a considerable amount of instruction in connection with courses in Building Construction, Sanitary Engineering, Plumbing Science, Sanitary Inspection and Food and Drugs Inspection. Lectures were also given by officers from most sections of the Department to members of various welfare and other organisations in the city, and informal talks on the work of the Public Health Department have been given to community associations. Talks in connection with food hygiene have been given to various trade organisations by the staff of the Food and Drugs section.

Much of this work is in connection with courses of training, but it is felt that the lectures and demonstrations of a more popular nature are worth while in educating members of the public in improved methods of hygiene and child care, etc., and in disseminating information concerning the Public Health services.

Accidents in the Home.—By an arrangement between the Medical Officer of Health and various hospitals in the city, information is received with regard to children under five years of age who have received treatment on account of accidents, burns and scalds in the home, and visits were paid to these homes by the health visitors in the hope that suitable preventive measures could be arranged in order to avoid further accidents. An account of this work will be found on page 84 of this Report.

Films.—In March, 1954, a motion/sound film projector and a filmstrip projector were purchased by the department for educational purposes. These projectors are being used on an increasing scale and the following is a summary of their use during the year under report :—

| <i>Type of Audience</i> | | | | | | | <i>Motion Projector</i> | <i>Filmstrip Projector</i> |
|---|----|----|----|----|----|----|-----------------------------|--------------------------------|
| Staff—Health Visitors | .. | .. | .. | .. | .. | .. | 7 | 3 |
| Sanitary Inspectors | .. | .. | .. | .. | .. | .. | 8 | 2 |
| Home Nurses | .. | .. | .. | .. | .. | .. | 2 | 5 |
| Midwives | .. | .. | .. | .. | .. | .. | 2 | 4 |
| Mothercraft Classes | .. | .. | .. | .. | .. | .. | 6 | 32 |
| General Audiences—(Church organisations, Social Studies Classes, Clubs, etc.) | .. | .. | .. | .. | .. | .. | 7 | 3 |
| Occupation Centre, Pitsmoor (general entertainment, animal films, etc.) | .. | .. | .. | .. | .. | .. | 3 | — |
| Christmas Parties—(Nurseries and Handicapped People) | | | | | | .. | 4 | — |
| Total number of showings | .. | .. | .. | .. | .. | .. | 39 | 49 |
| Total running time | .. | .. | .. | .. | .. | .. | 41 hours | 57 hours |

The programmes have dealt with a wide variety of subjects, e.g., accident prevention, smoke abatement, food handling, home nursing techniques, midwifery, sanitary inspection, ante-natal and post-natal care, breast feeding, child development and the care of children’s teeth, eyes, ears, etc., and the audiences have invariably expressed their interest and appreciation.

METEOROLOGY

"And so farewell—fair weather after you."—Shakespeare (Love's Labour Lost).

TABLE XLIV.—*Meteorology during 1954. Records taken at Weston Park (430 feet above sea level).*

| Week ended | Mean Barometer Corrected. | Air Maximum. Mean Daily Temperature | Air Minimum. Mean Daily Temperature | Grass. Mean Daily Temperature | Soil 1 foot. Mean Daily Temperature | Soil 4 feet. Mean Daily Temperature | Total Rainfall for the week. (inches) | Mean Daily Sunshine. (hours) |
|------------|---------------------------|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|------------------------------|
| Jan. 2nd | 30.40 | 45 | 37 | 28 | 40.3 | 46.8 | 0.09 | 2.4 |
| 9th | 30.33 | 40 | 33 | 25 | 37.6 | 45.3 | 0.40 | 0.8 |
| 16th | 29.75 | 48 | 39 | 32 | 38.6 | 44.1 | 1.17 | 1.5 |
| 23rd | 30.22 | 45 | 38 | 35 | 40.5 | 43.5 | 1.02 | 0.6 |
| 30th | 30.04 | 33 | 27 | 23 | 36.5 | 43.2 | 0.10 | 0.3 |
| Feb. 6th | 30.38 | 33 | 25 | 21 | 34.5 | 42.3 | 0.49 | 0.8 |
| 13th | 29.39 | 38 | 30 | 27 | 34.1 | 41.0 | 1.03 | 0.6 |
| 20th | 29.93 | 40 | 35 | 31 | 35.6 | 40.3 | 0.44 | 0.7 |
| 27th | 29.62 | 46 | 36 | 30 | 38.4 | 40.4 | 0.90 | 3.2 |
| Mar. 6th | 29.31 | 41 | 29 | 22 | 35.7 | 40.7 | 0.98 | 4.4 |
| 13th | 29.80 | 49 | 37 | 32 | 39.1 | 40.3 | 0.18 | 3.0 |
| 20th | 30.03 | 43 | 36 | 35 | 39.0 | 40.9 | 0.59 | 0.1 |
| 27th | 29.86 | 53 | 41 | 35 | 42.8 | 41.4 | 0.31 | 3.2 |
| Apr. 3rd | 29.68 | 54 | 41 | 32 | 43.9 | 42.5 | 0.63 | 3.7 |
| 10th | 30.29 | 53 | 38 | 27 | 44.6 | 43.5 | 0.02 | 6.0 |
| 17th | 30.38 | 55 | 42 | 34 | 46.1 | 44.1 | 0.08 | 3.7 |
| 24th | 30.35 | 50 | 37 | 30 | 46.1 | 44.8 | — | 3.3 |
| May 1st | 30.07 | 53 | 40 | 32 | 45.5 | 45.1 | 0.20 | 3.6 |
| 8th | 29.74 | 52 | 39 | 34 | 46.6 | 45.6 | 1.64 | 3.3 |
| 15th | 30.16 | 66 | 49 | 44 | 52.4 | 46.4 | 0.44 | 4.6 |
| 22nd | 30.18 | 53 | 43 | 39 | 49.6 | 47.9 | 0.16 | 2.0 |
| 29th | 29.93 | 64 | 49 | 44 | 52.3 | 48.2 | 1.24 | 2.9 |
| June 5th | 30.13 | 61 | 48 | 44 | 54.9 | 49.6 | 0.63 | 5.1 |
| 12th | 29.56 | 59 | 49 | 45 | 55.4 | 50.7 | 1.44 | 2.2 |
| 19th | 30.05 | 63 | 50 | 44 | 56.3 | 51.6 | 0.14 | 4.9 |
| 26th | 29.91 | 64 | 53 | 47 | 58.3 | 52.5 | 0.11 | 4.3 |
| July 3rd | 29.96 | 59 | 49 | 44 | 56.7 | 53.5 | 0.11 | 2.7 |
| 10th | 29.86 | 63 | 49 | 42 | 56.4 | 53.7 | 0.47 | 4.5 |
| 17th | 29.87 | 65 | 54 | 49 | 59.9 | 54.3 | 0.24 | 4.7 |
| 24th | 30.00 | 65 | 52 | 44 | 59.3 | 55.2 | 0.49 | 5.0 |
| 31st | 29.60 | 60 | 52 | 46 | 58.5 | 55.8 | 0.62 | 3.3 |
| Aug. 7th | 29.58 | 67 | 52 | 49 | 59.5 | 55.8 | 0.72 | 2.8 |
| 14th | 29.53 | 63 | 50 | 43 | 59.1 | 56.2 | 0.62 | 5.4 |
| 21st | 29.92 | 62 | 52 | 50 | 57.5 | 56.2 | 4.69 | 0.4 |
| 28th | 30.01 | 63 | 51 | 47 | 57.0 | 56.0 | 0.48 | 4.3 |
| Sept. 4th | 30.05 | 70 | 56 | 51 | 59.9 | 56.0 | 0.05 | 3.8 |
| 11th | 29.79 | 64 | 50 | 41 | 58.4 | 56.7 | 0.67 | 5.1 |
| 18th | 29.75 | 61 | 48 | 38 | 56.1 | 56.4 | 0.26 | 5.7 |
| 25th | 29.78 | 59 | 47 | 41 | 53.9 | 55.8 | 0.93 | 6.6 |
| Oct. 2nd | 29.92 | 59 | 46 | 40 | 52.6 | 55.0 | 0.42 | 4.7 |
| 9th | 30.11 | 61 | 49 | 42 | 54.5 | 54.4 | 0.30 | 3.6 |
| 16th | 30.00 | 60 | 50 | 44 | 54.2 | 54.1 | 0.69 | 1.4 |
| 23rd | 29.68 | 59 | 50 | 45 | 54.6 | 54.1 | 1.17 | 0.6 |
| 30th | 29.56 | 55 | 44 | 38 | 50.5 | 53.8 | 0.81 | 4.5 |
| Nov. 6th | 29.91 | 49 | 43 | 38 | 49.2 | 52.5 | 1.98 | 0.6 |
| 13th | 29.75 | 49 | 40 | 33 | 45.7 | 51.4 | 1.74 | 2.0 |
| 20th | 30.41 | 49 | 36 | 26 | 42.8 | 49.7 | 0.10 | 2.5 |
| 27th | 29.43 | 49 | 38 | 33 | 43.5 | 48.4 | 2.58 | 1.2 |
| Dec. 4th | 29.58 | 53 | 42 | 37 | 44.1 | 47.4 | 1.43 | 2.0 |
| 11th | 29.38 | 42 | 35 | 30 | 41.0 | 47.0 | 1.30 | 1.7 |
| 18th | 29.92 | 48 | 38 | 31 | 39.9 | 45.6 | 0.59 | 0.1 |
| 25th | 29.93 | 49 | 40 | 34 | 42.1 | 45.0 | 0.80 | 0.6 |